

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDAnn Rebecca Albert
Town County

Died at Hagerstown

County

Wash.

MARYLAND

Date

of death 190

Month

2

Day

1

Years

Age

51

Months

8

Days

9

Sex

Female

Color or
Race

white

Birth-
place

Md.

Occupation

Lady of Leisure

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Jacob Albert

Father's
Birthplace

Md.

Mother's
Maiden Name

Mary Parker

Mother's
Birthplace

"

Name of person giving
In formation

Mary L Albert

How related
to deceased

sister

CAUSES OF DEATH

79

Primary

How long

Immediate

Heart Disease

How long

2 to 3 years

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. P. Scott
Hagerstown

Accident or Suicide?

Enter

Name
in
Full

Nova Island Alter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	190 <i>8</i>	Month	<i>2</i>	Day	<i>23</i>	Age	<i>31</i>
				Years	<i>8</i>	Months	<i>3</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place		<i>Pa</i>	
Occupation		<i>Went in knitting factory</i>		Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband					
Father's Name	<i>John B. Alter</i>				Father's Birthplace	<i>Pa.</i>	
Mother's Maiden Name	<i>Lerina K. Alter</i>				Mother's Birthplace	<i>Greencastle Pa</i>	
Name of person giving information	<i>Lerina K. Alter</i>				How related to deceased	<i>Mother</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Phthis Pulmonalis</i>	How long	<i>Probably 3 mos</i>
Immediate	<i>Pulmonary Hemorrhage</i>	How long	<i>5 Minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>M. B. Morrison</i>
		Address	<i>Hagerstown Md</i>
Accident or Suicide?	<i>No.</i>		



Name
in
Full

Mary E. Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} St James School ^{County} Washington

MARYLAND

Date of death 1908 ^{Month} Feb ^{Day} 12Age ^{Years} 83

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Lumbago Va.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Wm. S. Anderson

Father's
Name

Samuel T. Sterrett

Father's
Birthplace

Penn.

Mother's
Maiden Name

Lydia Kitzmiller

Mother's
Birthplace

Lumbago Va.

Name of person giving
information

Virginia Strite

How related
to deceased

Daughter

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

Chronic Gastritis

How long

2 years

Immediate

Debility

How long

6 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

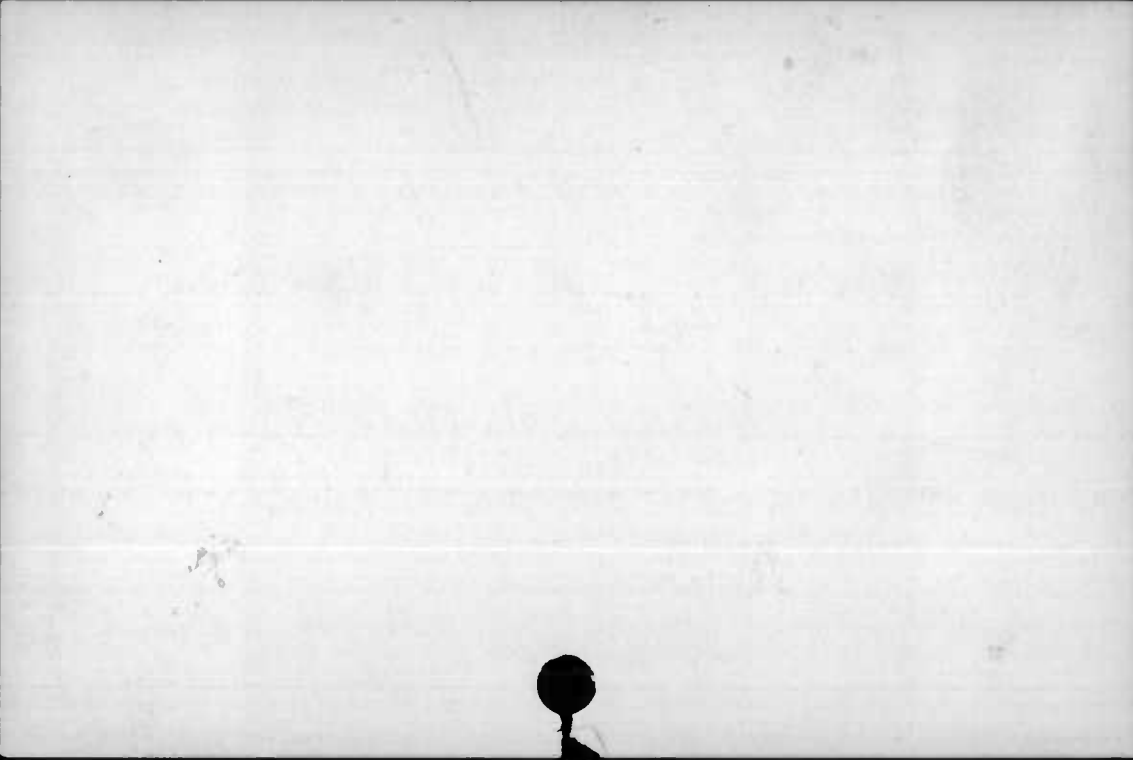
Signature of
Physician

B. M. Reichard

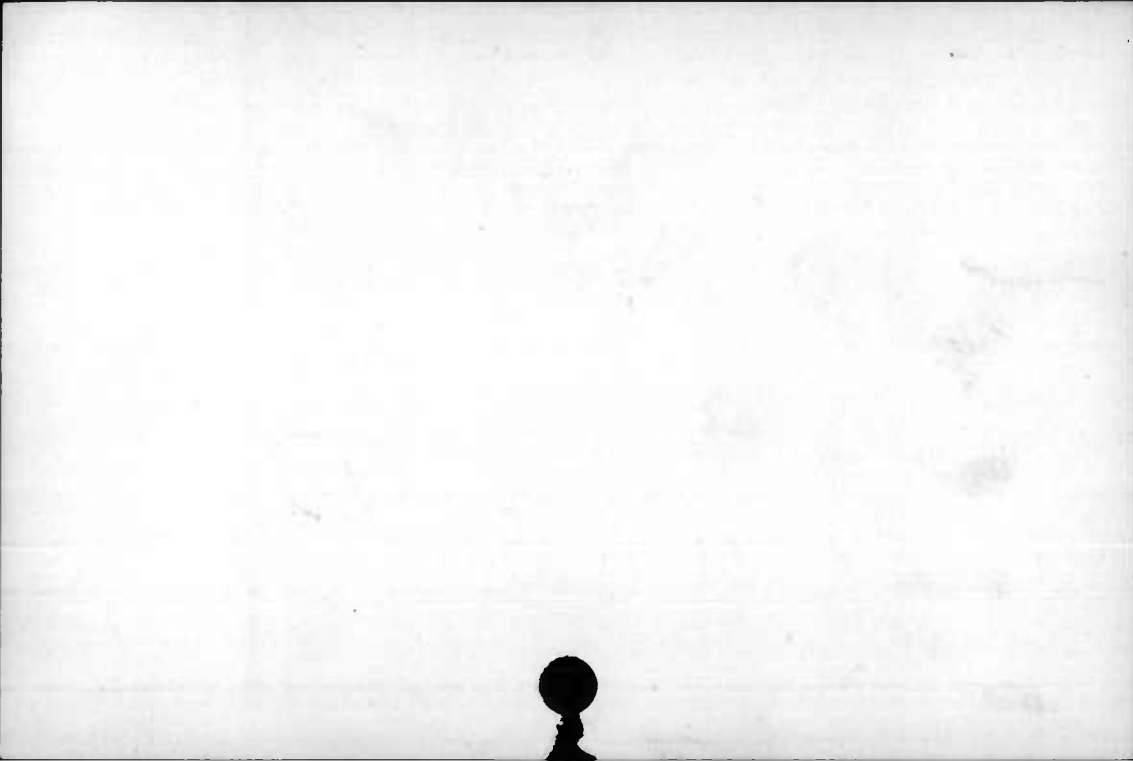
Address

Fairplay.

Accident or Suicide?



Name in Full		Johanna Barkdol				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>near Leesburg</i>		Town <i>Washington</i>		County	
		Date of death <i>1908</i>		Month <i>Feb.</i>		Day <i>2</i>	
		Age <i>80</i>		Years <i>5</i>		Months <i>12</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ringgold, Md.</i>	
		Occupation <i>Housewife</i>		Where Residing if not at place of death			
TO BE ANSWERED BY NEAREST FRIEND		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henry Barkdol</i>			
		Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>			
		Mother's Maiden Name <i>4</i>		Mother's Birthplace <i>unknown</i>			
		Name of person giving information <i>William Barkdol</i>		How related to deceased <i>Son</i>			
PHYSICIAN OR CORONER		CAUSES OF DEATH				(93)	
		Primary <i>Pneumonia</i>		How long <i>four days</i>			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Wishard</i>			
				Address <i>Leesburg Md.</i>			
H		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bridgeport</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	1908	Month	2	Day	8
Age	71	Years		Months	10
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband <i>Sarah A. Linebaugh</i>			
Father's Name	<i>Daniel Beachly</i>			Father's Birthplace	Md
Mother's Maiden Name	<i>Eather Shumaker</i>			Mother's Birthplace	Md
Name of person giving information	<i>Harry E. Beachly</i>			How related to deceased	Son

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary	<i>Dropsy</i>	How long	<i>6 months</i>
Immediate	<i>Heart failure</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>S W Mustat MD</i>	
Address		<i>Hagerstown Md</i>	
Accident or Suicide?			

^W
Bonobono

Name
in
Full

Annie C. Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

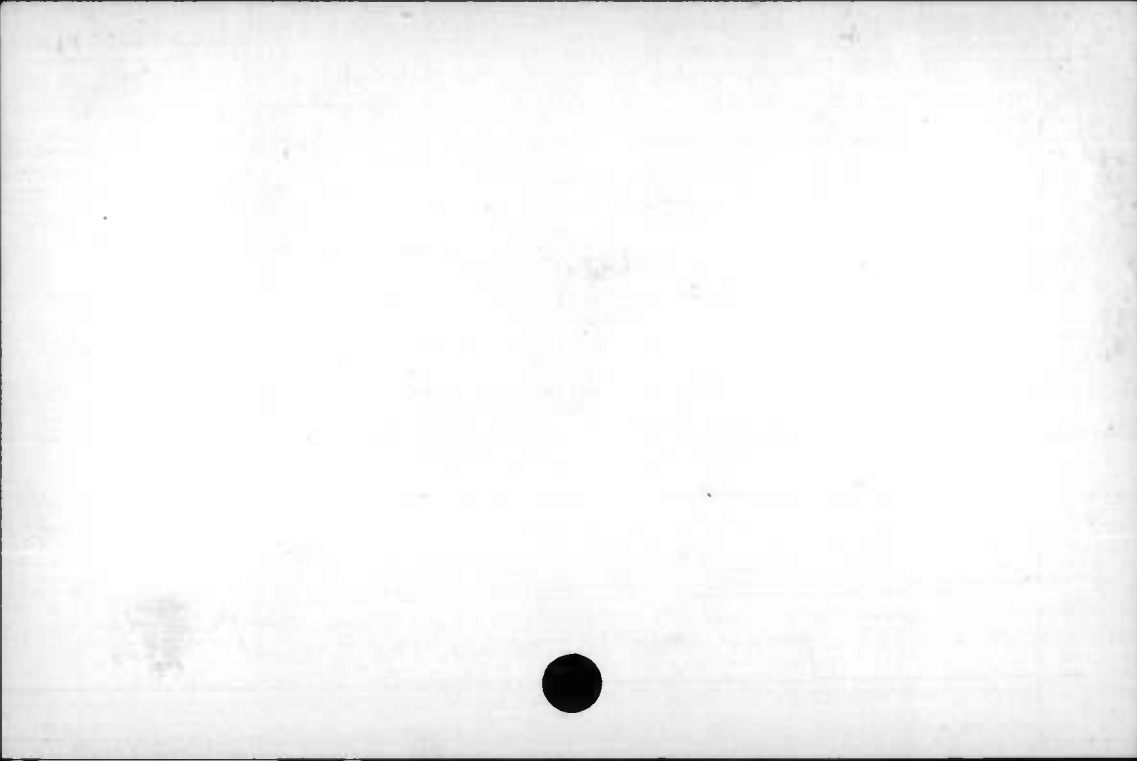
Died at <u>near Letersburg</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>2</u>	Day <u>6</u>	Age <u>2</u>	Years <u>2</u>	Months <u>2</u> Days <u>20</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>near Letersburg</u>		
Occupation <u>None</u>		Where Residing if not at place of death <u>near Letersburg</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Annie C. Bell</u>				
Father's Name <u>Rump M. Bell</u>	Father's Birthplace <u>Letersburg</u>		Mother's Birthplace <u>Ronsaville Pa</u>		
Mother's Maiden Name <u>Annie C. Hess</u>	Name of person giving information <u>Rump M. Bell</u>		How related to deceased <u>Father</u>		

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <u>Whooping Cough</u>	How long <u>two weeks</u>
Immediate <u>Congestion of Lungs</u>	How long <u>two days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. Wishard</u>
	Address <u>Letersburg, W. Va.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

D. H. Birmingham *Brown*

Town *Wheaton* County *Washington* MARYLAND

Died at *Wheaton*

Date of death *1908* Month *2* Day *20* Age *87* Years *1* Months *4* Days

Sex *Male* Color or Race *White* Birth-place *W. Va*

Occupation *Physician* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *Mary J. Eichelberger*

Father's Name *Robert. Boone* Father's Birthplace *Mo. Ob*

Mother's Maiden Name *Catharine Queen* Mother's Birthplace *"*

Name of person giving information *K. B. Stonebraker* How related to deceased *Daughter*

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

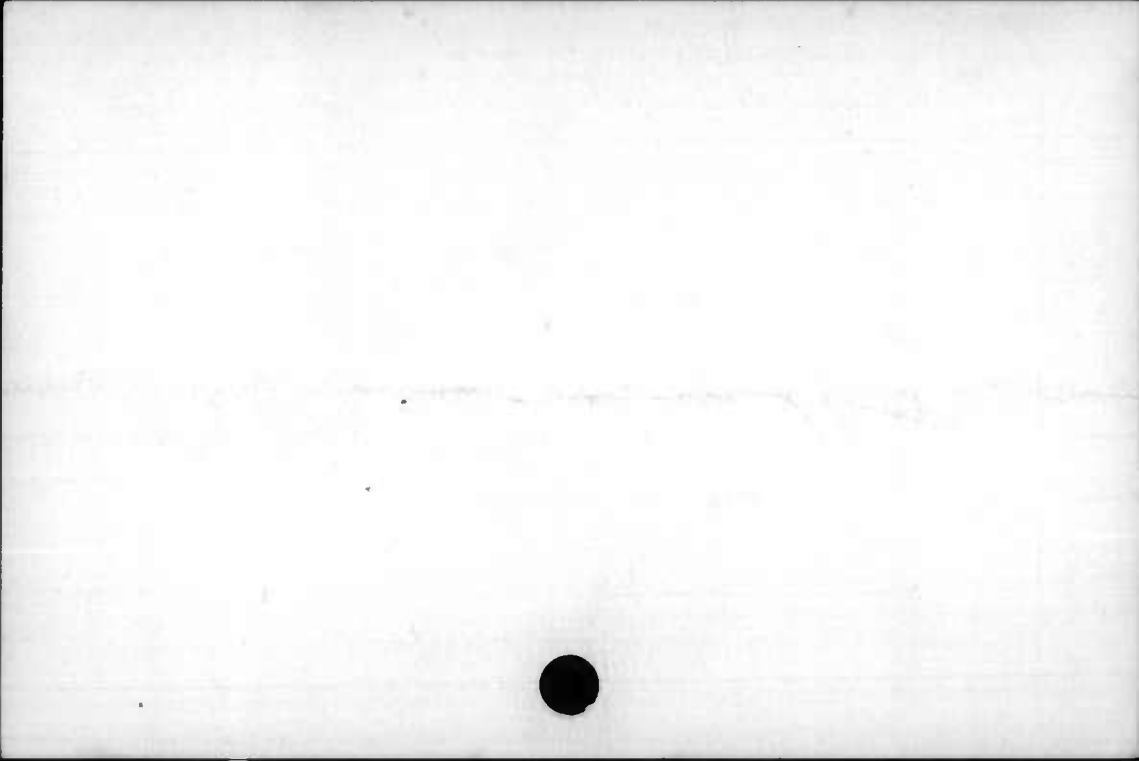
Primary *Advanced Age* How long

Immediate *Capillary Bronchitis* How long *5 days*

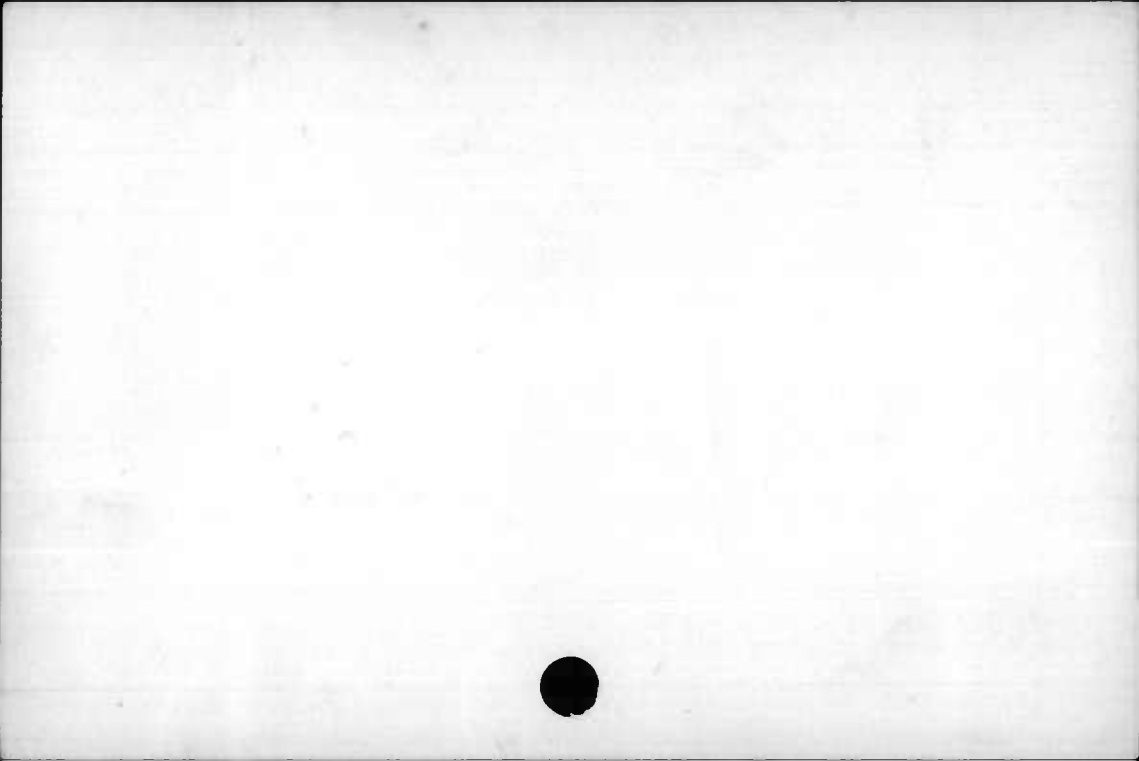
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. T. Fourtee* Address *Brownsville Maryland*

Accident or Suicide? *No*



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Ringgold</u> <small>Town</small>		<u>Washington</u> <small>County</small>	
		Date of death <u>1908</u> <small>Month</small> <u>Feb.</u> <small>Day</small> <u>12</u>		Age <u>Stillborn</u> <small>Years</small> <u>0</u> <small>Months</small> <u>0</u> <small>Days</small>	
		Sex <u>Male</u>		Color or Race <u>White</u>	
		Occupation <u> </u>		Birth-place <u>Ringgold</u>	
		Married, Single or Widowed <u>Infant</u>		Name of Wife or Husband <u> </u>	
		Father's Name <u>Daniel H. Bowders</u>		Father's Birthplace <u>Middlebury</u>	
Mother's Maiden Name <u>Miriam B. Bowman</u>		Mother's Birthplace <u>Waynesboro Pa.</u>			
Name of person giving information <u>Daniel H. Bowders</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Stillborn</u>		How long <u> </u>	
		Immediate <u>Stillborn</u>		How long <u> </u>	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. H. Koons</u>	
				Address <u>Waynesboro Pa.</u>	
		Accident or Suicide? <u>Stillborn</u>			



Name
in
Full

Roy C. Bouders.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

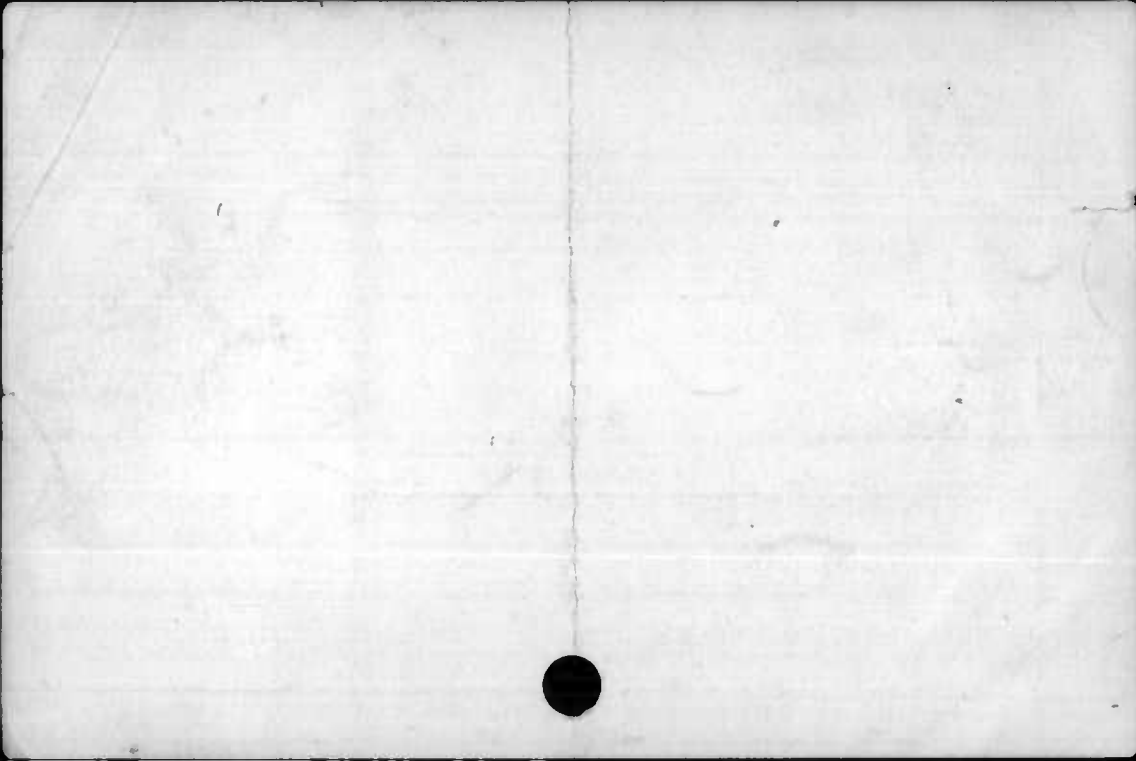
Died at <i>Ringgold</i> Town		County <i>Washington</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb.</i>	Day <i>12</i>	Age	Years	Months <i>8</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ringgold</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Daniel H. Bouders</i>			Father's Birthplace <i>Middleburg Pa.</i>		
Mother's Maiden Name <i>Minnie B. Bowman</i>			Mother's Birthplace <i>Waynesboro Pa.</i>		
Name of person giving information <i>D. H. Bouders.</i>			How related to deceased <i>Ringgold Pa.</i>		

CAUSES OF DEATH

1151

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>in months</i>
Immediate <i>Malnutrition</i>	How long <i>since birth</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Kears, M.D.</i>
	Address <i>Waynesboro Pa.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		<i>Washington</i>		County	
Date of death <i>1908</i>		Month <i>2</i>		Day <i>17</i>		Age <i>78</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Md</i>		Months <i>—</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>J. K.</i>		Father's Birthplace <i>D. K.</i>	
Mother's Maiden Name <i>J. K.</i>		Name of person giving information <i>Mary Lake</i>		Mother's Birthplace <i>D. K.</i>		How related to deceased <i>None</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular Heart Trouble</i>	How long <i>6 months</i>
Immediate <i>Paralysis</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. R. Scheuer</i>
Address <i>Hagerstown</i>	
Accident or Suicide? <i>No.</i>	

Jefferson
Row Hall

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Carmack

Died at ^{Town} *Bellevue*^{County} *Washington*

MARYLAND

Date of death 190*8* ^{Month} *Feb*^{Day} *11*^{Years} *87*^{Months} *—*^{Days} *5*Sex *Male*Color or Race *White*Birth-place *Ind to Ind.*Married, Single or Widowed *Widowed*Occupation *Labour*Name of Wife or Husband *Don't know*Father's Name *Don't know*Father's Birthplace *Don't know*Mother's Maiden Name *Don't know*Mother's Birthplace *Don't know*Name of person giving information *D.R. Hager*How related to deceased *none*

CAUSES OF DEATH

154

Primary *Anxiety*How long *2 yrs.*Immediate *Exhaustion*How long *—*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *W.B. Monroe*Address *Hagerstown Md.*Accident or Suicide? *no*PHYSICIAN
OR CORONER

67 June
2nd Hill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jenns G. Cooper</i>		Town <i>Hagerstown</i>		County <i>Wash</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>2</i>		Day <i>11</i>		Age <i>10</i>	
Date of death <i>1908</i>		Month <i>2</i>		Day <i>11</i>		Age <i>10</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Conley Cooper</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Carrie Ashby</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Conley Cooper</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

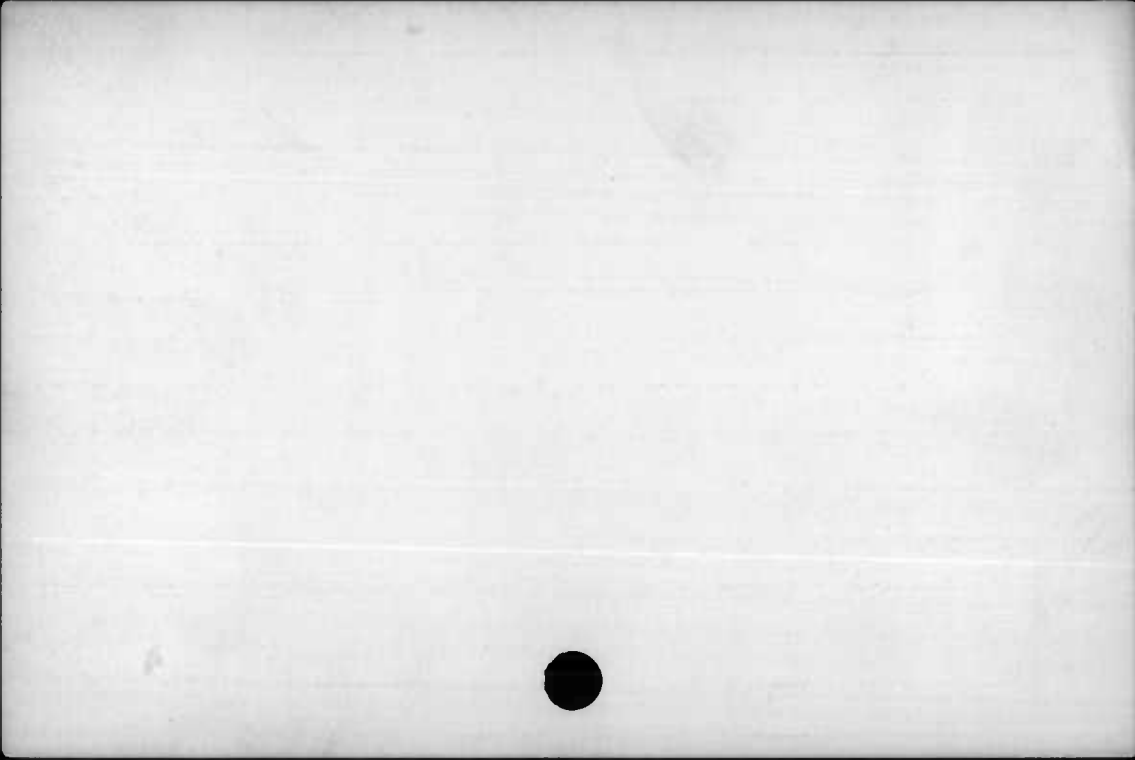
61

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Measles</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. B. Monahan</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide? <i>No</i>	

Suter

Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Bagers Town</u> <u>Washington</u> County		MARYLAND	
		Date of death <u>1908</u> Month <u>2</u> Day <u>11</u> Age <u>—</u> Years Months Days			
		Sex <u>male</u> Color or Race <u>White</u> Birth-place <u>md.</u>			
		Occupation <u>—</u> Where Residing If not at place of death <u>—</u>			
		Married, Single or Widowed <u>Single</u> Name of Wife or Husband <u>—</u>			
Father's Name <u>Amos E. Cooper</u> Father's Birthplace <u>Va.</u>					
Mother's Maiden Name <u>Larrie Ashby</u> Mother's Birthplace <u>Va.</u>					
Name of person giving information <u>Amos E. Cooper</u> How related to deceased <u>father</u>					
CAUSES OF DEATH					
Primary <u>Bronchitis</u> How long <u>10 days</u>					
Immediate <u>✓</u> How long <u>✓</u>					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Sam H. B. Morrison</u>			
		Address <u>Bagers Town</u>			
Accident or Suicide? <u>No.</u>		<u>md.</u>			



Name
in
Full

Catharine Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

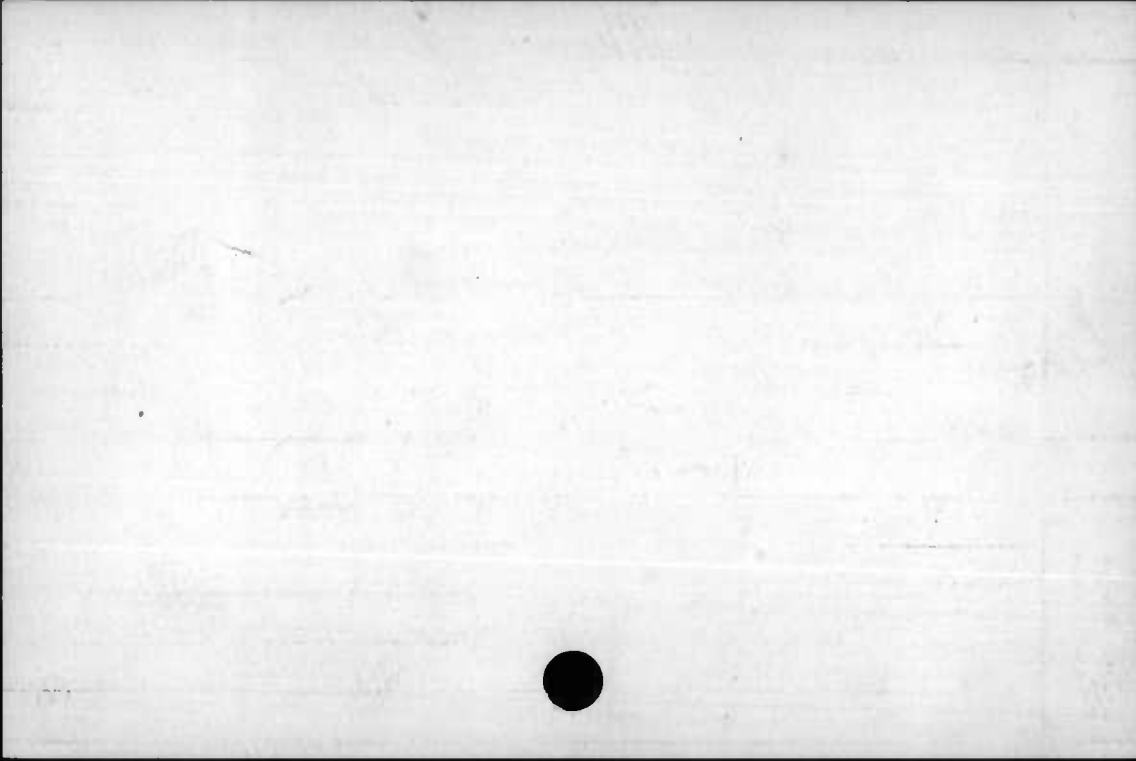
Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>2</u>	Day <u>4</u>	Age <u>76</u>	Months <u> </u>	Days <u> </u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>MD</u>		
Occupation <u>Retired housewife</u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>John Davis</u>				
Father's Name <u>Henry Bidonous</u>	Father's Birthplace <u> </u>				
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace <u> </u>				
Name of person giving information <u>Mrs J. A. Brown</u>			How related to deceased <u>none</u>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <u>Heart Failure</u>	How long <u> </u>
Immediate <u>Heart Failure</u>	How long <u>Instantly</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. M. Werby</u>
	Address <u>121 W. Washington St</u> <u>Hagerstown -</u>
Accident or Suicide? <u>H</u>	



Name
in
Full

Lewis Delamarter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown ^{County} Wash. ^{MARYLAND}

Date of death 1908 ^{Month} 2 ^{Day} 15 ^{Age} 69 ^{Months} 2 ^{Days} 10

Sex male ^{Color or Race} white ^{Birth-place} N. Y.

Occupation Retired Lumber Merchant ^{Where Residing if not place of death}

Married, Single or Widowed married ^{Name of Wife} Mrs Rose Delamarter

Father's Name Parson W. Delamarter ^{Father's Birthplace} N. Y.

Mother's Maiden Name Elizabeth Lewis ^{Mother's Birthplace} " "

Name of person giving information Norine Cummings ^{How related to deceased} daughter

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Cardiac Hypertrophy & Chronic Myocarditis ^{How long} 18 Months

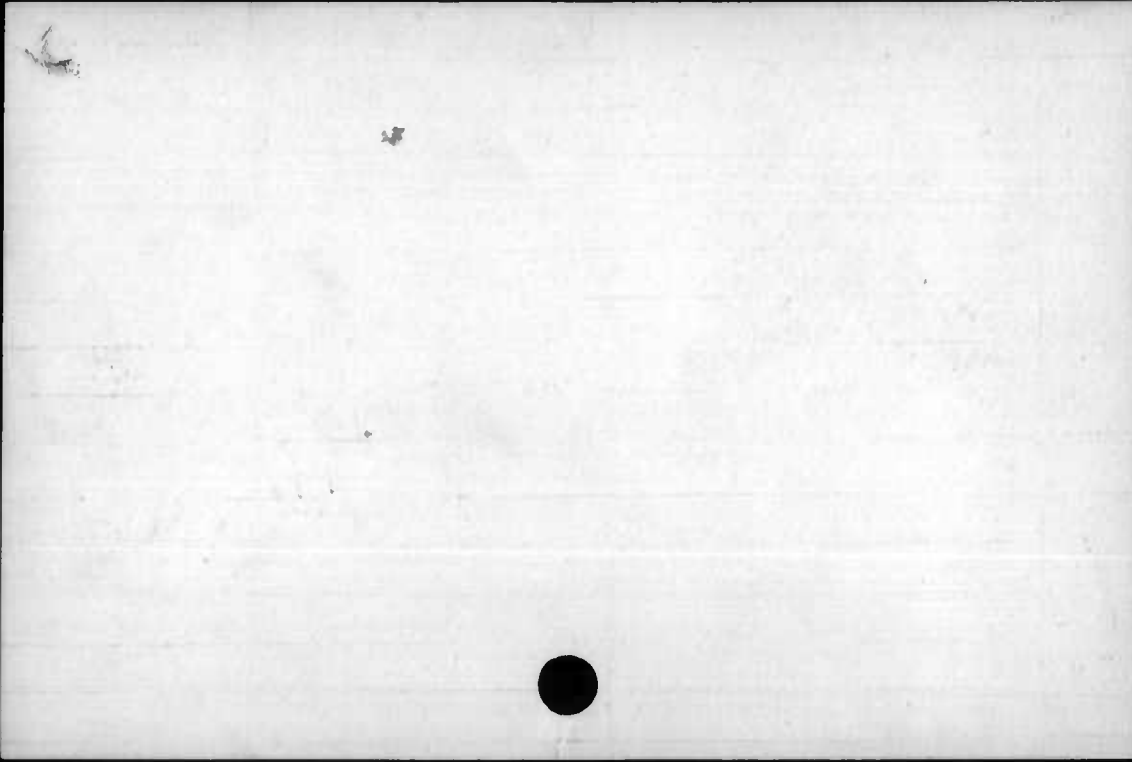
Immediate Heart failure with Lung Congestion ^{How long} a few days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician A. H. Mason

Address Hagerstown Md

Accident or Suicide?



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Green Banksville</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>19</i>	Age <i>29</i>	Years	Months <i>2</i>	Days <i>1</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Lappans</i>				
Occupation <i>School Teacher</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>John H. Delander</i>	Father's Birthplace <i>Fredrick Co</i>						
Mother's Maiden Name <i>Rebecca Renner</i>	Mother's Birthplace <i>Fredrick Co</i>						
Name of person giving information <i>Joseph Delander</i>	How related to deceased <i>Brother</i>						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>Four years</i>
Immediate <i>Consumption with exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. N. Gaudin</i>
	Address <i>Sharpsburg Md</i>
Accident or Suicide? <i>Only saw this case a short time before death</i>	



Dr. H. S. Gardner.
Sharpsburg,
Maryland.

Please return, by
10 o'clock train.

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	1908	Month	2	Day	24	Age	31
Sex <i>Female</i>		Color or Race <i>White</i>		Months		10	
Occupation <i>Housewife</i>		Where Residing if not at place of death		Days		12	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband		Birthplace		<i>Pa</i>	
Father's Name <i>Wm Pittman</i>		Father's Birthplace		Mother's Birthplace		<i>Pa</i>	
Mother's Maiden Name <i>Elizabeth Stringer</i>		How related to deceased		Name of person giving information		<i>David W. Detrich</i>	
						<i>Husband</i>	

CAUSES OF DEATH

1137

PHYSICIAN
OR CORONER

Primary	<i>Child Birth</i>	How long	<i>4 Days</i>
Immediate	<i>Phlebitis</i>	How long	<i>2 Days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. H. Den M.D.</i>	
		Address <i>Hagerstown</i>	
Accident or Suicide? <i>—</i>		<i>Me</i>	



Name
in
Full

John Damer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharpstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Feb</i> ^{Month}	<i>29</i> ^{Day}	Age <i>66</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>near Sharpstown</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Sharpstown, D.C.</i>				
<input checked="" type="checkbox"/> Married, Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband <i>Jennie Damer Deal</i>				
Father's Name <i>Jacob Damer</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>Rachel Donaldson</i>	Mother's Birthplace <i>unknown</i>				
Name of person giving information <i>Jacob Stride</i>	How related to deceased <i>Nephew</i>				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Hemiplegia</i>	How long <i>about 6 mos.</i>
Immediate <i>General Debility</i>	How long <i>Years</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. M. Gennett</i>
	Address <i>Sharpstown, D.C.</i>
Accident or Suicide?	

Chas. S. Wade
undertaker

Name
in
Full

David L Doubt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	1908	Month	2	Day	28
Age	63	Years	11	Months	29
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	Transferman		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband <i>Alice Doubt</i>			
Father's Name	<i>Jonathan Doubt</i>			Father's Birthplace	Md
Mother's Maiden Name	<i>Elizabeth Sherrard</i>			Mother's Birthplace	Md
Name of person giving information	<i>Alice Doubt</i>			How related to deceased	Wife

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Endocarditis & Nephritis -</i>	How long	<i>34 years (?)</i>
Immediate	<i>Congestion of Lungs -</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Victor D. Miller</i>	
		Address	
		<i>Hagerstown, Md.</i>	
Accident or Suicide?			
<i>No</i>			

Coffman
Bourlons

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

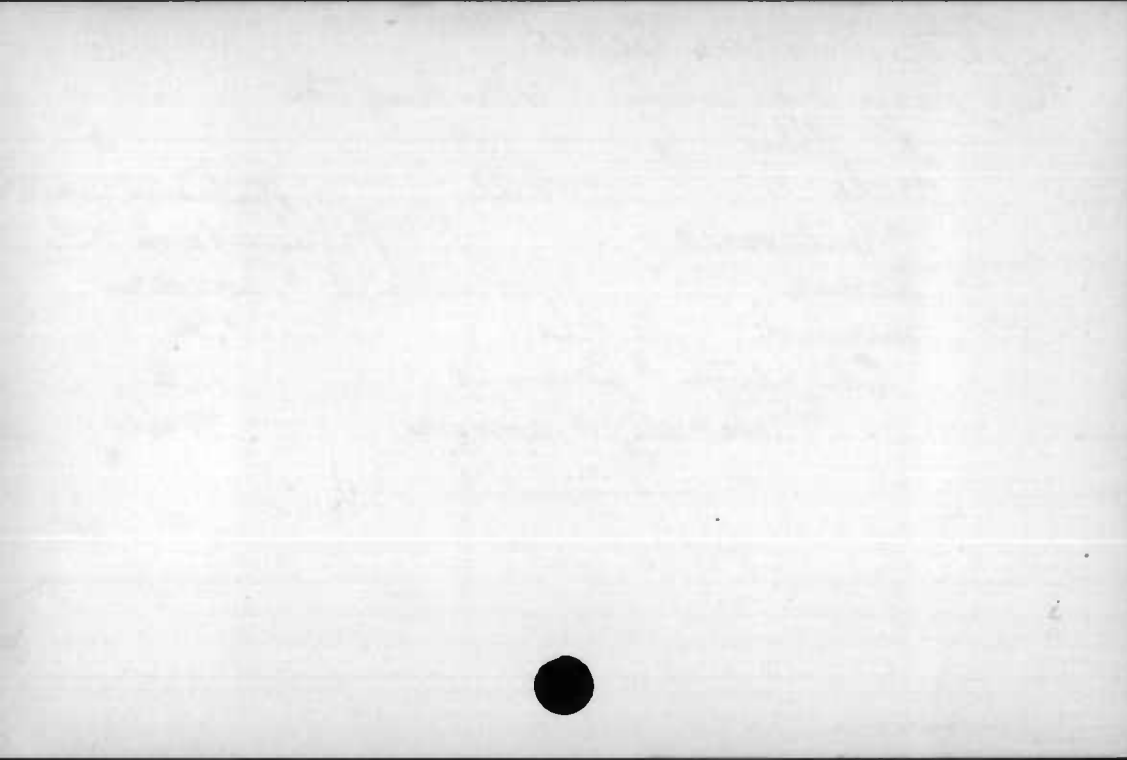
Died at Sharpsburg ^{Town} Mash ^{County}		MARYLAND	
Date of death 1908 ^{Month} Feb ^{Day} 17 ^{Years}	Age 17	Months 5	Days 5
Sex Female	Color or Race White	Birth-place Mash co md	
Occupation _____		Where Residing if not at place of death _____	
Married, Single or Widowed Single	Name of Wife or Husband _____		
Father's Name ?	Father's Birthplace ?		
Mother's Maiden Name Ella Downley	Mother's Birthplace md.		
Name of person giving information Self	How related to deceased none		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Premature Birth	How long _____
Immediate Debility	How long _____
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. M. Perchard
	Address Fairplay,
Accident or Suicide? No	



Name
in
Full

Peter Theodore Eckis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hag. Hospital</i>		County <i>Washington</i>		MARYLAND	
Date of death	1908	Month <i>Feb</i>	Day <i>6</i>	Age <i>59</i>	Years <i>1</i> Months <i>3</i> Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Railroader</i>		Birth-place	<i>Williamsport Md</i>	
Where Residing if not at place of death	<i>Williamsport Md</i>				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>O. Rebecca J. Bowser</i>	
Father's Name	<i>Samuel Eckis</i>		Father's Birthplace	<i>Pa</i>	
Mother's Maiden Name	<i>Elizabeth Brooks</i>		Mother's Birthplace	<i>Md</i>	
Name of person giving information	<i>Rebecca J. Bowser</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

64

How long

PHYSICIAN
OR CORONER

Primary

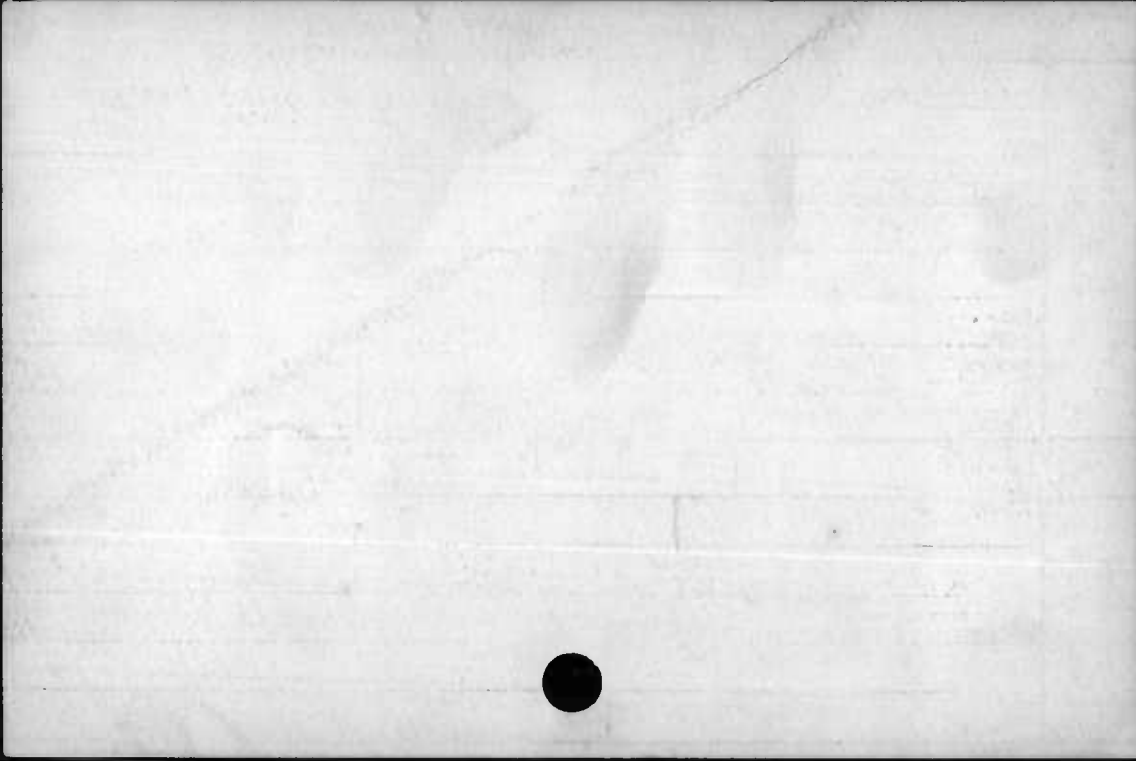
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Unnamed child of Lewis & Rhoda Eichelberger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

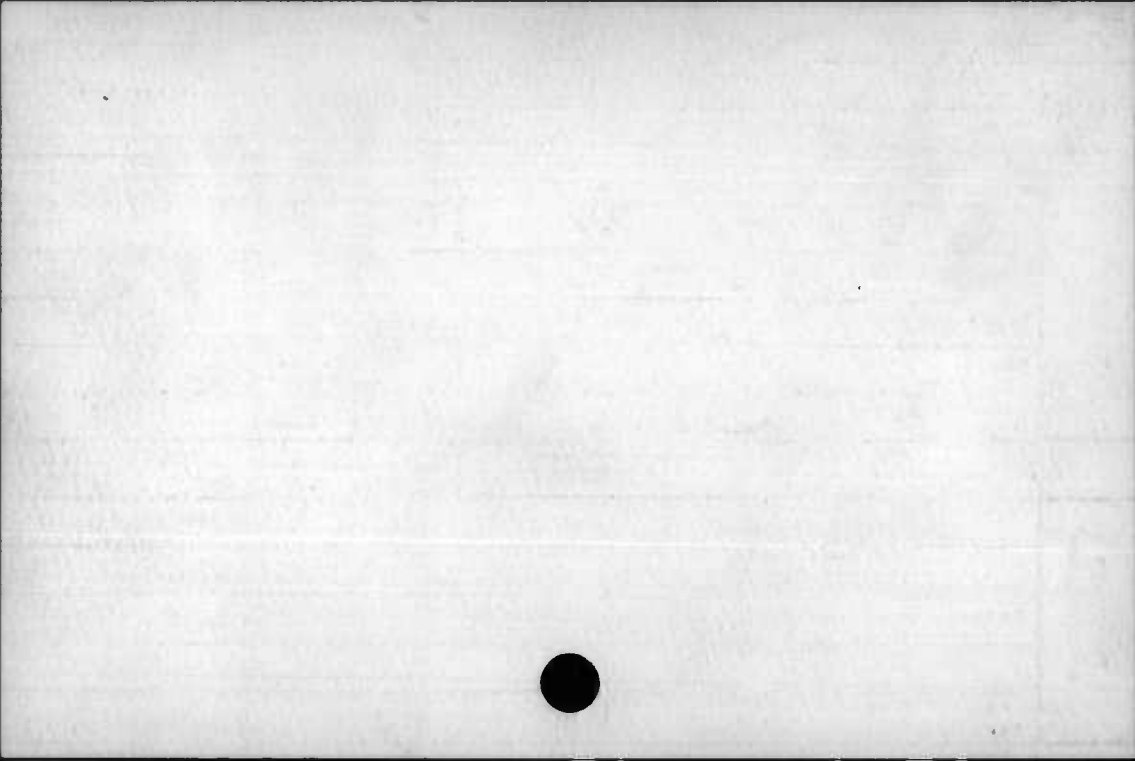
Died at <u>Hagerstown</u> ^{Town}		<u>Wash</u> ^{County}		MARYLAND	
Date of death 190 <u>8</u>	Month <u>2</u>	Day <u>10</u>	Age <u>—</u>	Months <u>—</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>md.</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Lewis Eichelberger</u>	Father's Birthplace <u>md.</u>				
Mother's Maiden Name <u>Rhoda Shnyder</u>	Mother's Birthplace <u>"</u>				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary <u>Hydrocephalus</u>	How long <u>—</u>
Immediate <u>Dystocia</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Theo. Quae</u>
	Address <u>Hagerstown md</u>
Accident or Suicide?	



Name
in
Full

Alfred S. Blaugher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

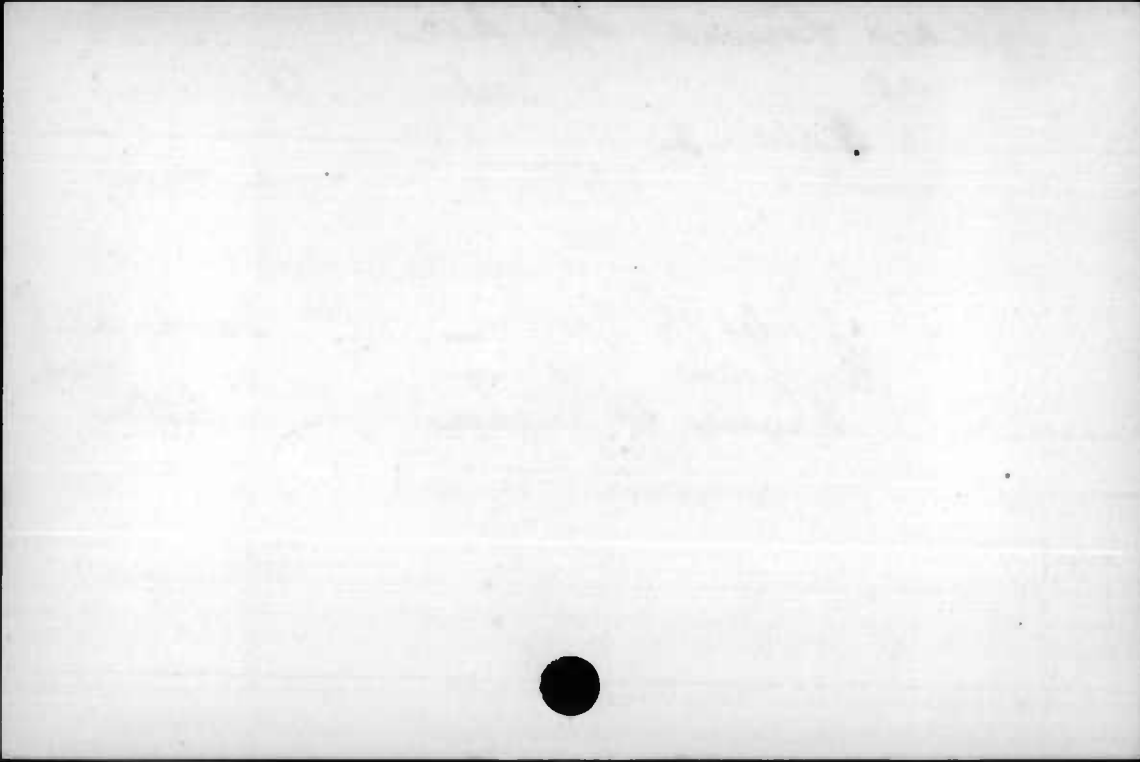
Died at <i>Buenavista</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Feb.</i>	Day <i>9</i>	Age	Years <i>—</i>	Months <i>6</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Buenavista</i>				
Occupation <i>Infant</i>	Where Residing if not at place of death <i>home</i>						
Married, Single or Widowed <i>single</i>	Name of Wife or Husband						
Father's Name <i>W. A. Blaugher</i>	Father's Birthplace <i>Fredrick Co.</i>						
Mother's Maiden Name <i>Minna L. Mastler</i>	Mother's Birthplace <i>" "</i>						
Name of person giving information <i>Theodore Stode</i>	How related to deceased <i>No</i>						

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Broncho - pneumonia</i>	How long <i>7 days</i>
Immediate <i>Broncho - pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. L. Wachter</i>
	Address <i>Sabillasville Maryland</i>
Accident or Suicide?	



Name
in
Full

May Louise Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Halfway Town Washington County Co **MARYLAND**

Date of death 1908 Feb 2 Day 0 Age 0 Years — Months — Days

Sex Female Color or Race White Birth-place Halfway

Occupation — Where Residing if not at place of death —

Married, Single
or WidowedSingleName of Wife or
HusbandFather's
NameCharles H. FisherFather's
BirthplaceKemp's HillMother's
Maiden NameKatherine MartinMother's
Birthplacein The NeckName of person giving
In formationCharles H. FisherHow related
to deceasedFather

CAUSES OF DEATH

Primary

Stillborn

How long

—

Immediate

How long

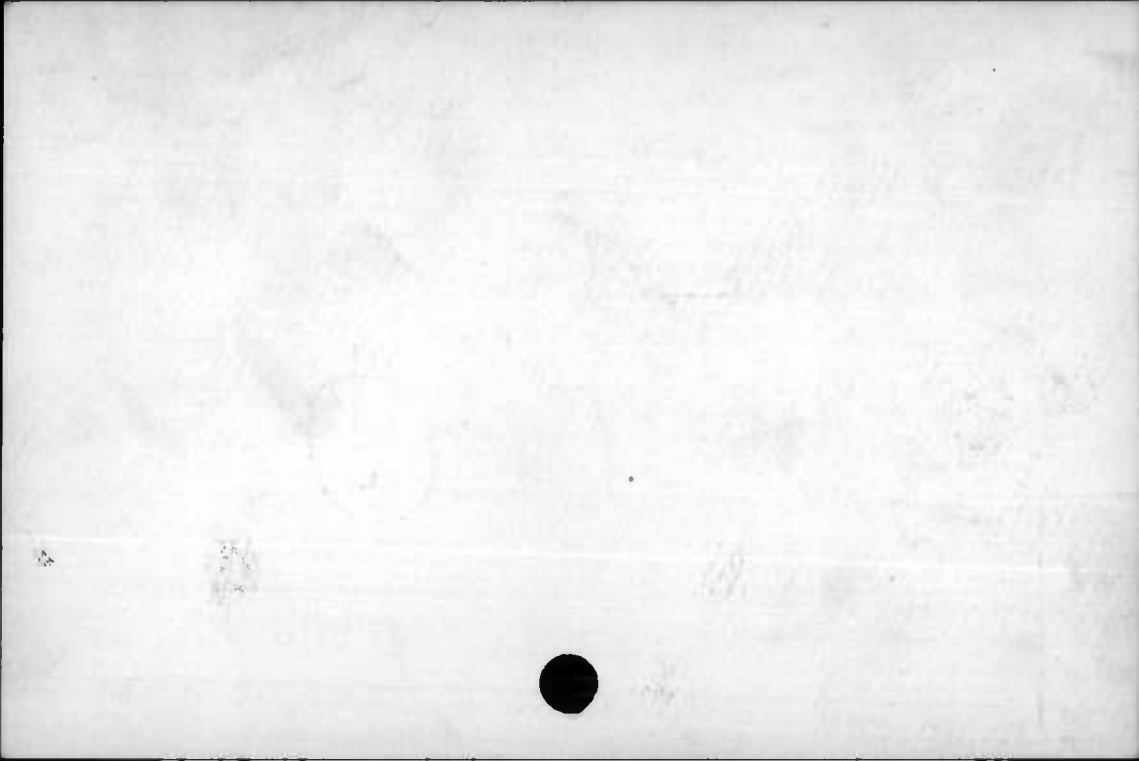
—Are the name, age, sex, color, date
and place correctly given above?yes.Signature of
PhysicianW. S. Richardson

Address

Williamsport Md

Accident or Suicide?

no.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hayestown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	1908	Month	2	Day	8
Age		Years	70	Months	—
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Retired</i>		Birth-place	<i>Ind</i>	
Where Residing if not at place of death			<i>—</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Mary A Gray</i>	
Father's Name	<i>John Gray</i>		Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Mary Blumig</i>		Mother's Birthplace	<i>Ind</i>	
Name of person giving information	<i>Mary Gray</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary	<i>Osteo Sarcoma of Femur</i>	How long	<i>6 mo</i>
Immediate	<i>Metastasis with Exhaustion</i>	How long	<i>2 mo</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>B. B. Dayman</i>	
Address		<i>Hayestown</i>	
Accident or Suicide? <i>—</i>			

6/7/1900

Beaver Creek

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Frederick Haynes
 Died at *Hagerstown* *Washington* County *MARYLAND*
 Date of death *1908* Month *2* Day *27* Age *2* Years *6* Months *6* Days *6*
 Sex *Male* Color or Race *White* Birth-place *MD*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name *Eward J. Haynes* Father's Birthplace *MD*
 Mother's Maiden Name *Martha E. Killman* Mother's Birthplace *MD*
 Name of person giving information *Eward J. Haynes* How related to deceased *Father*

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary *Bronchio-pneumonia* How long *9 days*
 Immediate *Respiratory failure* How long *1 day.*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *May A. Laughlin M.D.*
 Address _____
 Accident or Suicide? _____

Rohrsville N.C.

Name
In
Full

Still born child of Otis & Bessie Hendrickson

CERTIFICATE OF DEATH

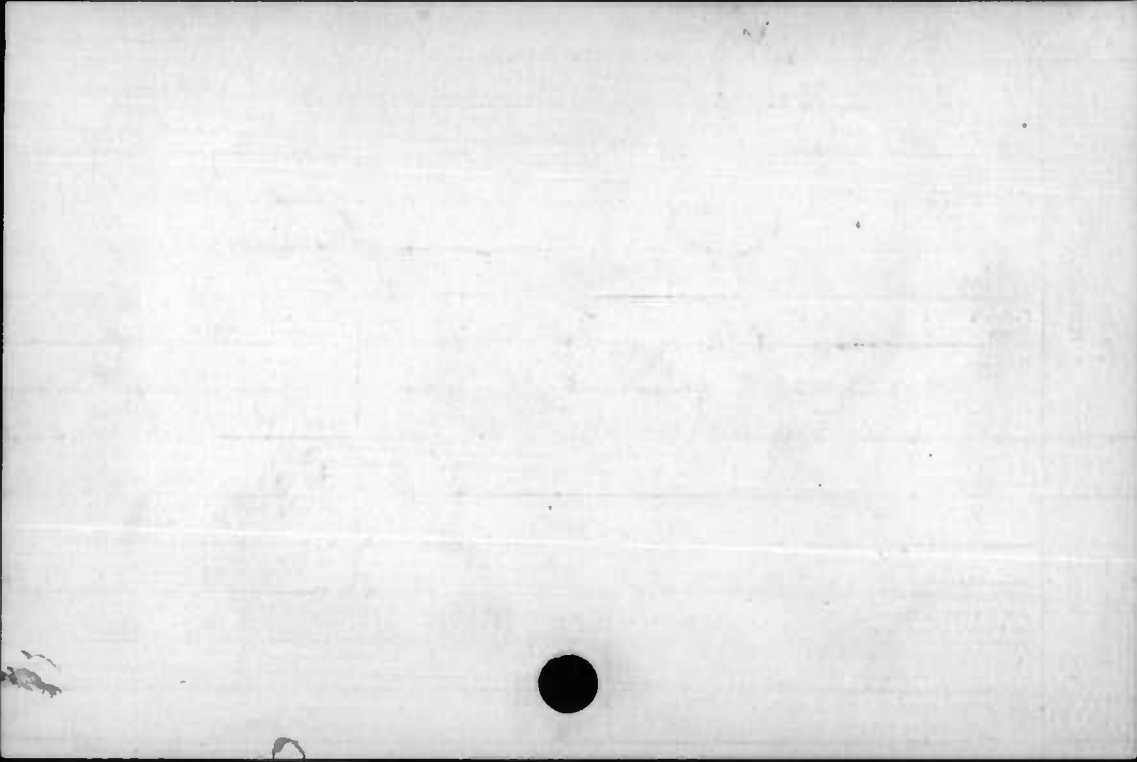
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		County <i>Wash</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>15</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Otis Hendrickson</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Bessie Henry</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Otis Hendrickson</i>		How related to deceased <i>5</i>		<i>father</i>			

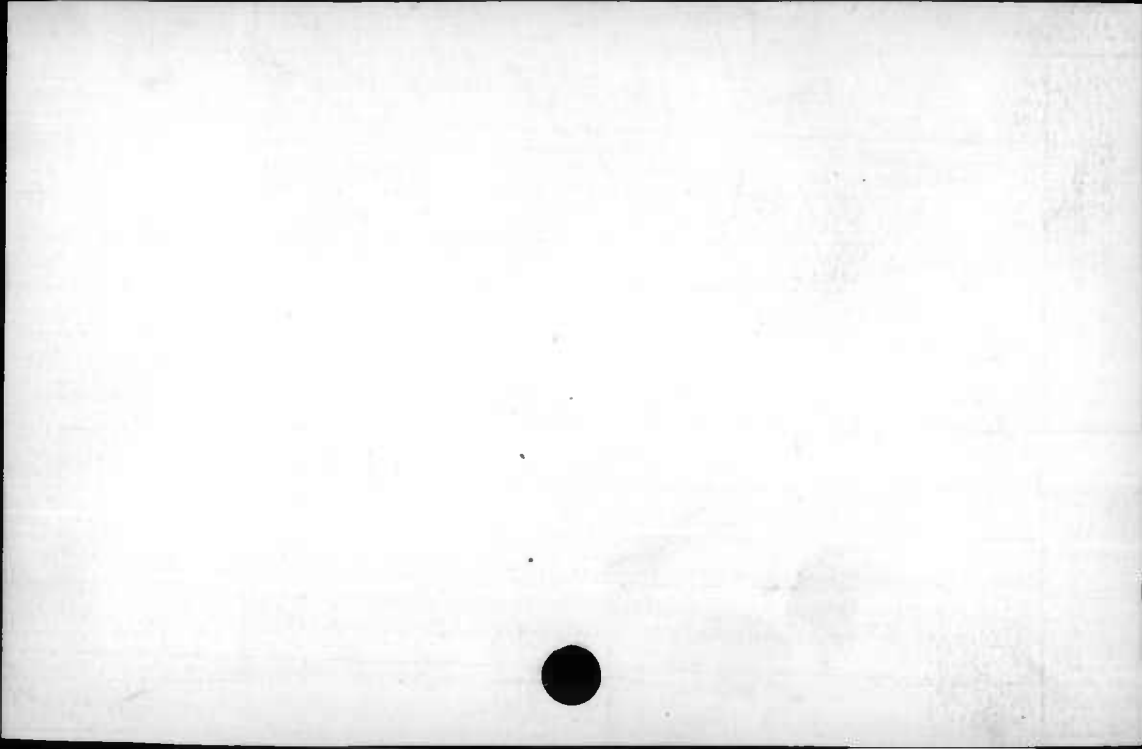
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long <i>(?)</i>
Immediate <i>(?)</i>	How long <i>(?)</i>
Are the name, age, sex, color, date and place correctly given above? <i>M.S.</i>	Signature of Physician <i>Dr. Preston Miller</i>
	Address <i>Hagerstown md</i>
Accident or Suicide? <i>u</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Boonsboro</i>		County <i>Washington</i>	
		Date of death <i>1908</i>		Month <i>February</i>	
		Day <i>1</i>		Years <i>31</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Occupation <i>Merchant</i>		Where Residing if not at place of death <i>Boonsboro</i>	
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Nettie Foltz</i>	
		Father's Name <i>Geo. W. Heines</i>		Father's Birthplace <i>Boonsboro</i>	
Mother's Maiden Name <i>Pandora E. Strouse</i>		Mother's Birthplace <i>Boonsboro</i>			
Name of person giving information <i>Geo. W. Heines</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		How long	
		Immediate <i>Collapse, Heart Failure.</i>		How long <i>Sudden.</i>	
		Are the name, age, sex, color, date, and place correctly given above? <i>yes.</i>		Signature of Physician <i>J. S. L. Mader.</i>	
				Address <i>Boonsboro, Md.</i>	
Accident or Suicide?					



Name
in
Full

Jared W. Hinnes

CERTIFICATE OF DEATH

MARYLAND

Died at *Wesvorton*

Town

Washin

County

Date
of death *1908*Month
*Feb*Day
5

Age

Years
*69*Months
*1*Days
12

Sex

*Male*Color or
Race*white*Birth-
place*Washin Co.*

Occupation

*Carpenter*Where Residing if not
at place of death*At home*Married, ~~Single~~
or WidowedName of Wife or
Husband*Kate Goenell*Father's
Name*Samuel Hinnes*Father's
Birthplace*Washin Co*Mother's
Maiden Name*Eliza Grimmer*Mother's
Birthplace*Washin Co*Name of person giving
Information*Kate Hinnes*How related
to deceased*wife*

CAUSES OF DEATH

79

Primary

Mitral Regurgitation

How long

Several years.

Immediate

Acedemia

How long

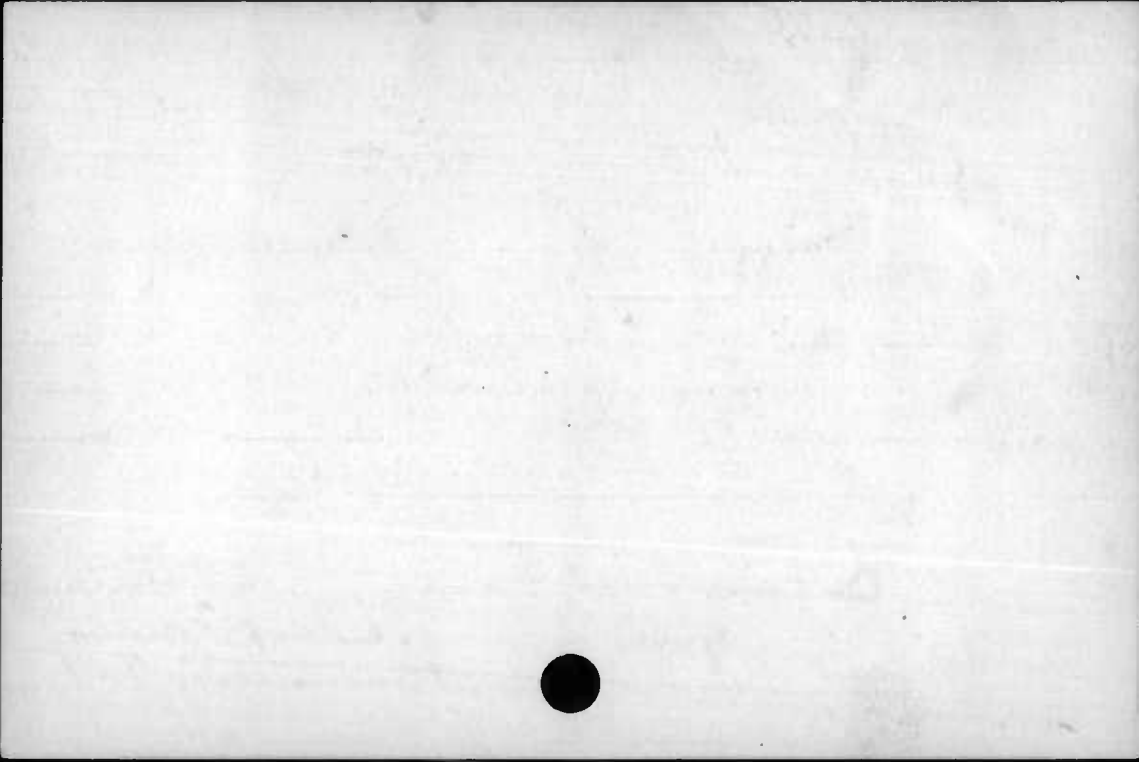
*2 months*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Arthur L. Blessing*

Address

*Brunsville**Maryland.*

Accident or Suicide?

*no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salem</u> Town		<u>Washington</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>2</u>	Day <u>6</u>	Age <u>1</u> Years	Months <u>8</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>MD</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Guy Holzman</u>			Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Jennie Winger</u>			Mother's Birthplace <u>MD</u>		
Name of person giving information <u>Guy Holzman</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary <u>Scarlet Fever</u>	How long <u>5 days</u>
Immediate <u>Exhaustion</u>	How long <u>1</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. P. Miller</u>
	Address <u>Washington MD</u>
Accident or Suicide? <u>no</u>	

Leffmann
Salmon

Name
in
Full

Still Born Child Horst

CERTIFICATE OF DEATH

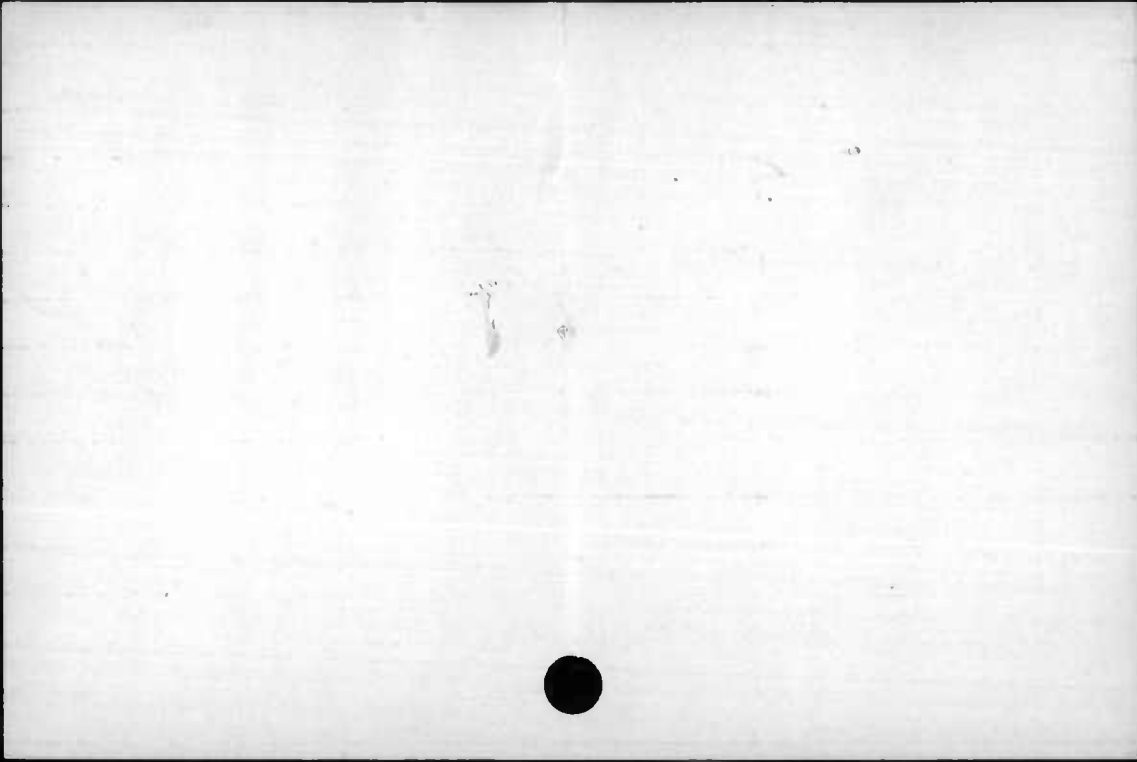
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Broadfording</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>July</u> ^{Month}	<u>24th</u> ^{Day}	<u>—</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Near Birth-place <u>Broadfording</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Amos M. Horst</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Sallie Martin</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Amos M. Horst</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still Born</u>	How long <u>0</u>
Immediate <u>—</u>	How long <u>0</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D. C. R. Miller M.D.</u>
	Address <u>Marion + Dixon</u>
	<u>Poe</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

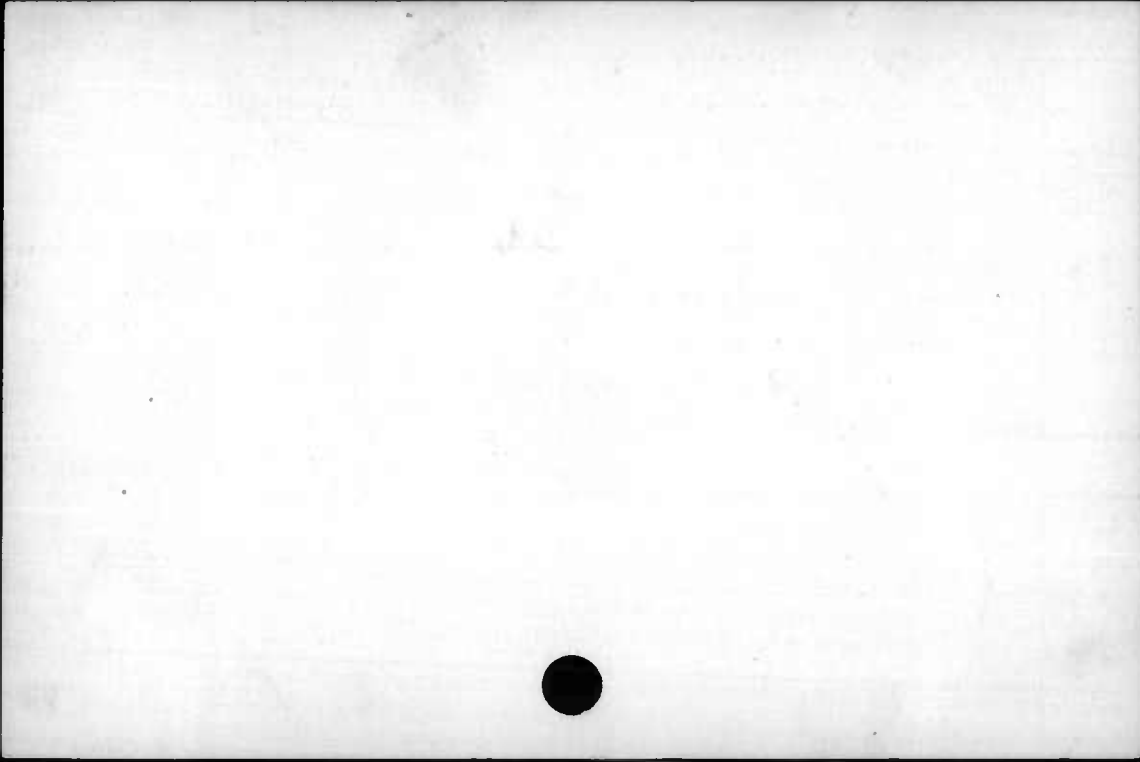
Died at		Town <i>Brownsville</i>		County <i>Washington</i>		MARYLAND	
Date of death		Month <i>1908</i>	Day <i>2</i>	Age <i>23</i>	Years <i>90</i>	Months <i>6</i>	Days <i>27</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Langley's Manor</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Samuel Jennings</i>					
Father's Name <i>Henry Nichols</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Mary Houser</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Samuel Jennings</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bronchitis</i>	How long	<i>20 yrs</i>
Immediate	<i>Bronchorrhea</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		Address <i>J. J. Youstee</i> <i>Brownsville Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		County		Wash		MARYLAND					
Date of death <i>1908</i>		Month <i>2</i>		Day <i>6</i>		Age <i>59</i>		Years <i>3</i>		Months <i>15</i>		Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md.</i>									
Occupation <i>Laborer</i>		Where Residing if not at place of death											
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Florence Jones</i>											
Father's Name <i>Samuel Jones</i>		Father's Birthplace <i>md.</i>											
Mother's Maiden Name <i>Nettie</i>		Mother's Birthplace <i>"</i>											
Name of person giving information <i>Florence Jones</i>		How related to deceased <i>wife</i>											

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>		How long <i>—</i>	
Immediate <i>Cardiac Failure</i>		How long <i>Instant</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. D. Campbell</i>	
		Address <i>418 N. Washington St. Hagerstown Md.</i>	
Accident or Suicide? <i>—</i>			

Smithsburg

Name

in
Full

Leonard Albertus Jordan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lydia ^{Town} Washington ^{County} MARYLAND

Date of death 1908 ^{Month} Feb ^{Day} 4 ^{Years} Age 2 ^{Months} 15 ^{Days}

Sex Female Color or Race White Birth-place Wash Co. Md

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband Unmarried

Father's Name Harry G. Jordan Father's Birthplace W. Va

Mother's Maiden Name Mollie Stauffer Mother's Birthplace Md

Name of person giving information Harry G. Jordan How related to deceased Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Debility Life time

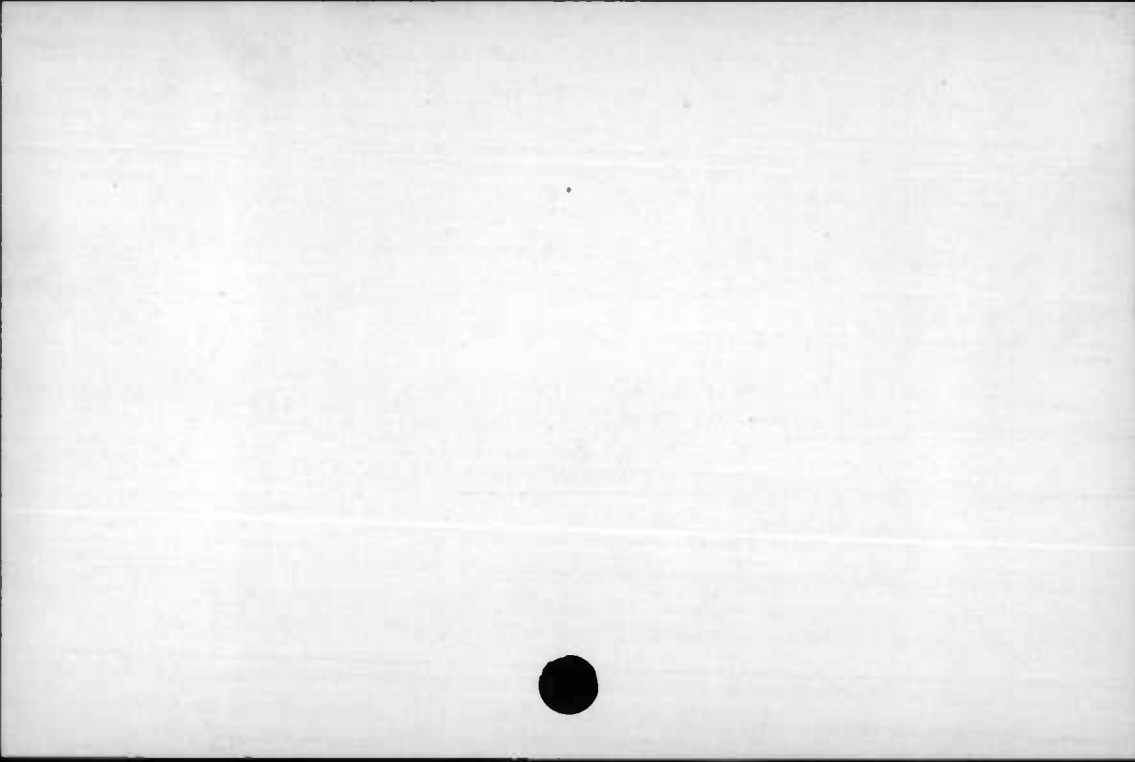
Immediate Marasmus How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician V. M. Richard

Address Fairplay

H Accident or Suicide?



Name
in
Full

Lavinia Karts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catchers Mills</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>2</i>	Day <i>19</i>	Age <i>53</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Robrussville Va</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Catchers Mills</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>J. Harmon Karts</i>				
Father's Name <i>Don't Know</i>	<i>Evans</i>		Father's Birthplace <i>Don't Know</i>		
Mother's Maiden Name <i>Hannah Sewall</i>			Mother's Birthplace <i>Robrussville</i>		
Name of person giving information <i>Mrs J. J. Karsay</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary <i>Don't know</i>	How long <i>—</i>
Immediate <i>mammary Cancer</i>	How long <i>10 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. M. Tibbier</i>
	Address <i>Kedysville Md</i>
<i>Accident or Suicide</i>	

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Name
in
Full

Raymond Kennedy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Halfway</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>2</i>	Day <i>21</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Casper Kennedy</i>			Father's Birthplace <i>Na</i>		
Mother's Maiden Name <i>Minnie C. C. C.</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Casper Kennedy</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>3 wks -</i>
Immediate <i>Meningitis (Cerebral)</i>	How long <i>3 days -</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. M. Deets</i>
	Address <i>Hagerstown md</i>
Accident or Suicide?	

607
Rose Hill

Name
in
Full

Elizabeth T Kerns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williamsport</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1908</i> ^{Month} <i>Feb</i> ^{Day} <i>5</i>		Age <i>77</i> ^{Years}		Months <i>11</i> Days <i>5</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Old Town Md</i>			
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>Neweston here 1 yr.</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>David Kerns Dec'd</i>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Dropsy & Heart trouble</i>	How long <i>one year</i>
Immediate <i>Prostration</i>	How long <i>two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. H. Richardson</i>
	Address <i>Williamsport</i>
Accident or Suicide?	

29 Cards in
This Pack

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Jerome E King		Town Hagerstown		County Washington		MARYLAND	
Died at Hagerstown		Date of death 1908		Age 73		Months 11	
Month Feb		Day 8		Years 73		Days 28	
Sex Male		Color or Race White		Birthplace Keups Mill			
Occupation Carpenter		Where Residing if not at place of death Williamsport					
Married, Single or Widowed Widowed		Name of Wife or Husband Rachael A Shook Decd					
Father's Name Christian King		Father's Birthplace Keups Mill					
Mother's Maiden Name Catharine McCoy		Mother's Birthplace Carleton, Md					
Name of person giving information Addie E. Shook		How related to deceased Daughter					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Valvular Heart Diseases	How long Yrs -
Immediate Edema	How long few hrs -
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Irvin M. Wertz
	Address Hagerstown - Md
Accident or Suicide?	

3



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

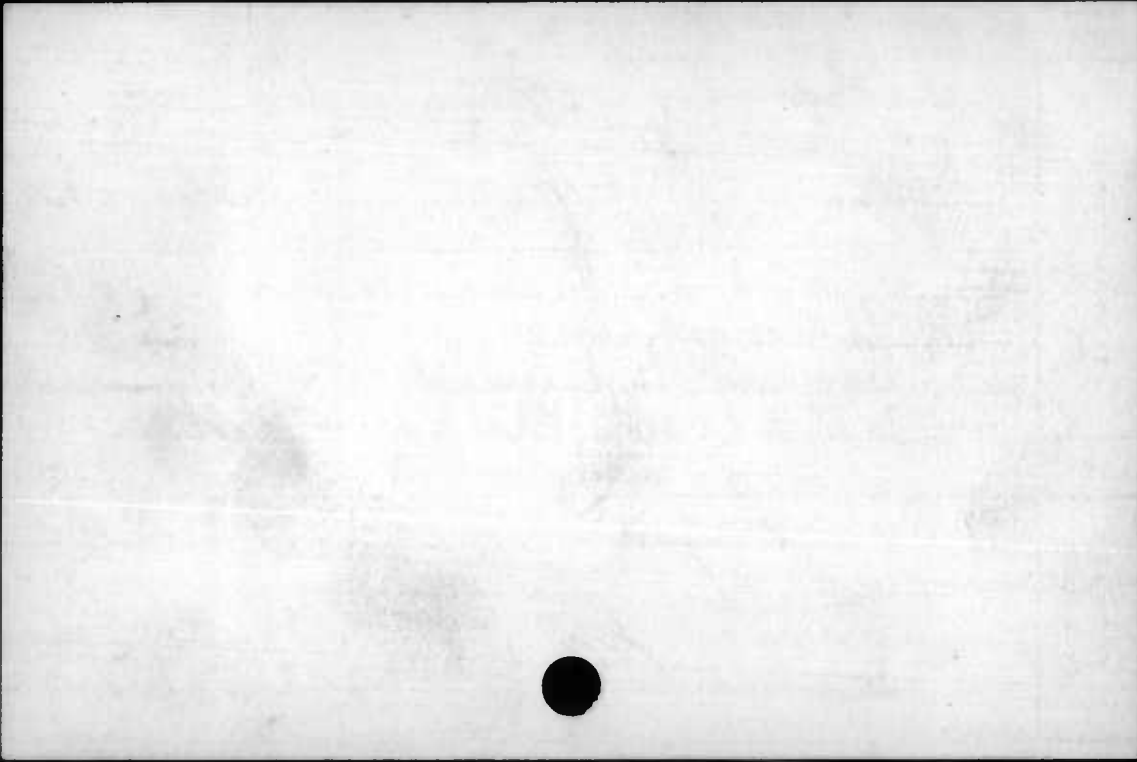
Died at <i>Clearspring</i>		Town <i>Clearspring</i>		County <i>Washington</i>		MARYLAND	
Date of death	1908	Month	2	Day	20	Age	58
Sex	Male		Color or Race	White		Birth-place	Clearspring Md
Occupation	Merchant Barber		Where Residing if not at place of death		Clearspring		
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Jothethas Little				Father's Birthplace	Pa	
Mother's Maiden Name	Barbara Miller				Mother's Birthplace	Pa	
Name of person giving information	John Endreyner				How related to deceased	Nephew	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>		How long	<i>15 mins</i>
Immediate	<i>Cardiac Failure</i>		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas J. Mason</i>		
		Address <i>Clearspring Md</i>		
Accident or Suicide? <i>—</i>				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth M. Kee</i>		Town <i>Leitersburg</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Leitersburg</i>		Month <i>Feb.</i>		Day <i>26</i>		Years <i>72</i>	
Date of death <i>1908</i>		Month <i>Feb.</i>		Day <i>26</i>		Years <i>72</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Penn.</i>		Months <i>1</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of wife or Husband <i>Thomas M. Kee</i>					
Father's Name <i>Peter Fahoney</i>		Father's Birthplace <i>Penn.</i>					
Mother's Maiden Name <i>Elizabeth Emmert</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Albert M. Kee</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

66

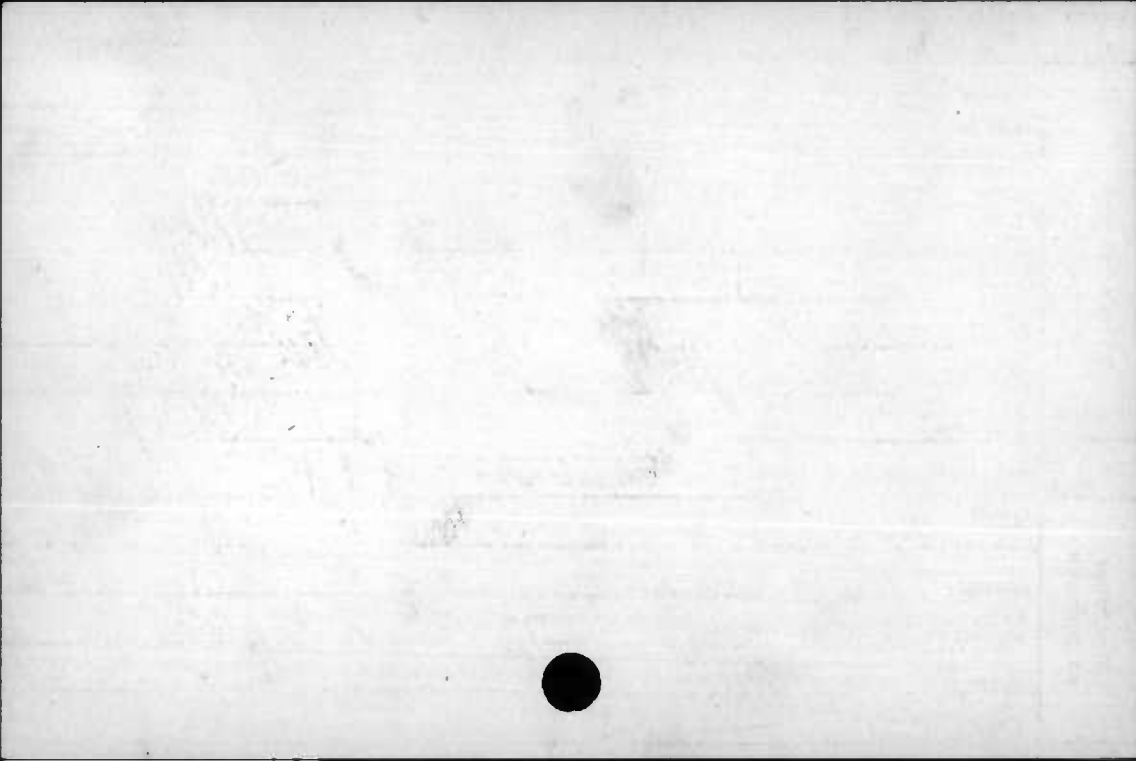
PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>18 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Wishard</i>
	Address <i>Leitersburg Md.</i>
Accident or Suicide?	

(189)



Name in Full		Town				County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Smootsboro		Washington		MARYLAND				
		Date of death		1908	Month 2	Day 11	Years 60	Months		Days		
		Sex		Male		Color or Race		White		Birth-place		Unknown.
		Occupation		Saborer		Where Residing if not at place of death						
		Married, Single or Widowed		Widower		Name of Wife or Husband		Unknown.				
		Father's Name		Unknown.		Father's Birthplace		Unknown.				
		Mother's Maiden Name		Unknown.		Mother's Birthplace		Unknown.				
Name of person giving information				How related to deceased		—						
CAUSES OF DEATH												
PHYSICIAN OR CORONER		Primary		Exposure (freezing)				How long				
		Immediate		Exposure (freezing)				How long				
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		Wm. H. Hoffer				
		Accident or Suicide?				Address		Hagerstown Md J.P. Atkins Coroner				



Name
in
Full

Noah E Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Paridice</i> Town		County <i>Washington</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>8</i>	Age <i>1</i>	Months <i>0</i>	Days <i>19</i>
Sex <i>male</i>	Color or Race <i>W</i>		Birth-place <i>Paridice</i>		
Occupation <i>---</i>			Where Residing if not at place of death <i>"</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Noah H. Martin</i>			Father's Birthplace <i>Wash. Co. Md.</i>		
Mother's Maiden Name <i>Fanny B. Eshleman</i>			Mother's Birthplace <i>W. Co.</i>		
Name of person giving information <i>Noah H. Martin</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pericarditis</i>	How long <i>1 day</i>
Immediate <i>Convolutions</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. R. Miller M.D.</i>
	Address <i>Triadelphia, D.C.</i>
Accident or Suicide? <i>---</i>	<i>Pa.</i>

Paradise

Name
in
Full

Henry Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

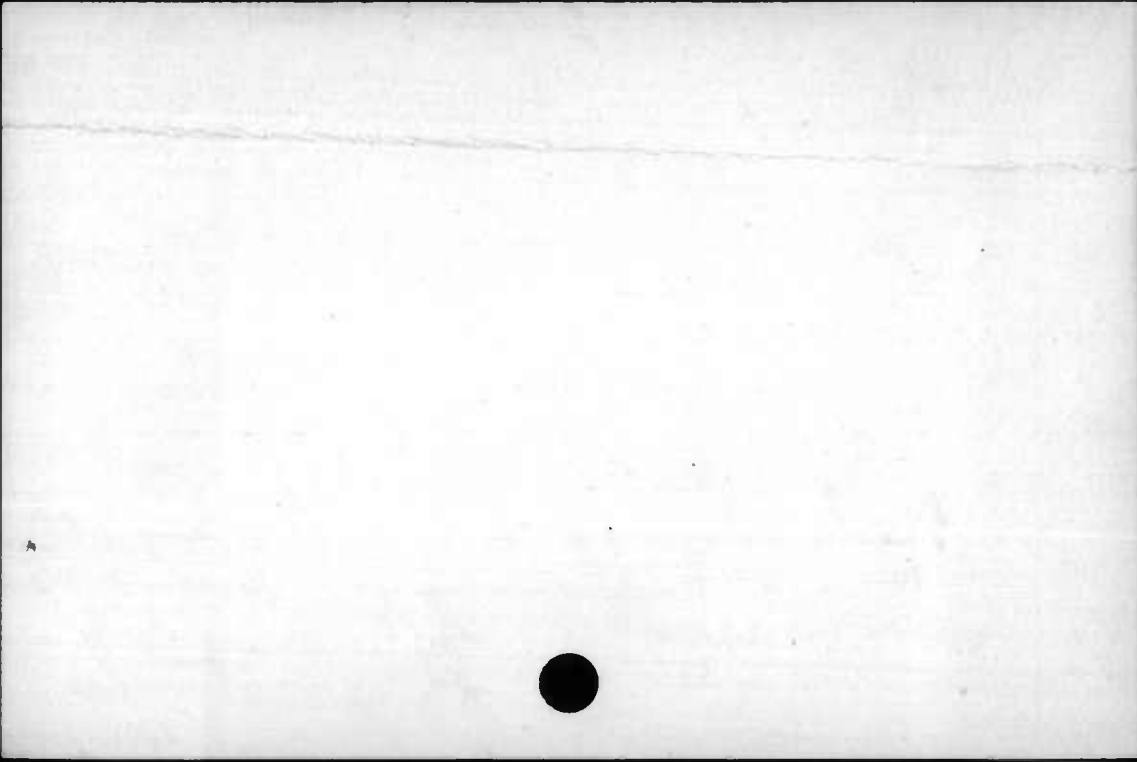
Died at <i>Big Pool</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Feb.</i> ^{Month}	<i>about</i> ^{Day} <i>12</i>	<i>about</i> ^{Years}	<i>45</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Unknown</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Big Pool</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None known of.</i>				
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>H. E. Frankhouser</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

1179

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long <i>Unknown</i>
Immediate <i>Unknown</i>	How long <i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>As this man was found dead, the above is only approximate.</i>	Signature of Physician <i>J. P. Perry</i>
Accident or Suicide?	Address <i>C. Leaspring</i> <i>S. M. Rutledge</i>



Name
in
Full

Goldie May Mangan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

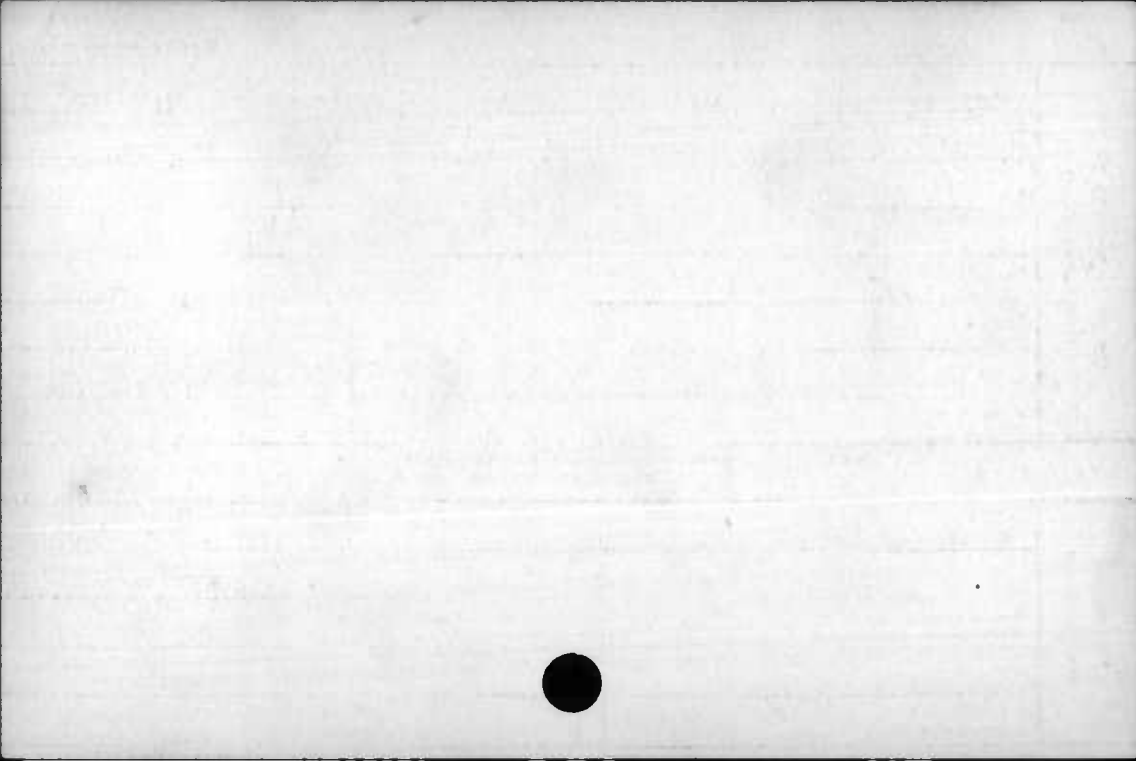
Died at <i>Bagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>2</i>	Day	<i>25</i>
Age		<i>14</i>	Years	<i>9</i>	Months
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Md</i>
Occupation		<i>Housework</i>			
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Charles E Mangan</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Sarah A Baker</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>"</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>6 months</i>
Immediate	<i>Heart Failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>S. H. Unistat</i>	
Address		<i>Bagerstown Md</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Andrew E. Morris*

Died at *Hagerstown* Town *Washington* County **MARYLAND**

Date of death *1906* Month *2* Day *23* Age *25* Years Months *11* Days *23*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Charles A. Morris* Father's Birthplace *W. Va*

Mother's Maiden Name *Myrtle Paffenberger* Mother's Birthplace *Md*

Name of person giving information *Charles Morris* How related to deceased *Father*

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary *Diphtheria* How long *3 days*

Immediate *Toxæmia* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. H. Morrison*

Address *Hagerstown Md*

Accident or Suicide? *No*

Carson Ind,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1908</i>	<i>2</i>	<i>3</i>	<i>76</i>	<i>8</i>	<i>28</i>
Sex	Color or Race	Birth-place			
<i>male</i>	<i>white</i>	<i>md.</i>			
Occupation	Where Residing if not at place of death				
<i>Court Baliff</i>	<i>11</i>				
Married, Single or Widowed	Name of Wife				
<i>married</i>	<i>Barbara Kedy Munnua</i>				
Father's Name	Father's Birthplace				
<i>Samuel Munnua</i>	<i>md.</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Barbara Hartzler</i>	<i>md.</i>				
Name of person giving information	How related to deceased				
<i>H. H. Munnua</i>	<i>son</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Cardiac attack</i>	How long	<i>2 hours</i>
Immediate	<i>Effort</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>E. A. Markham</i>	
		Address	
		<i>Hagerstown</i>	
		<i>md.</i>	
Accident or Suicide?			

Shapshury
Suter

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lola R. Murray.

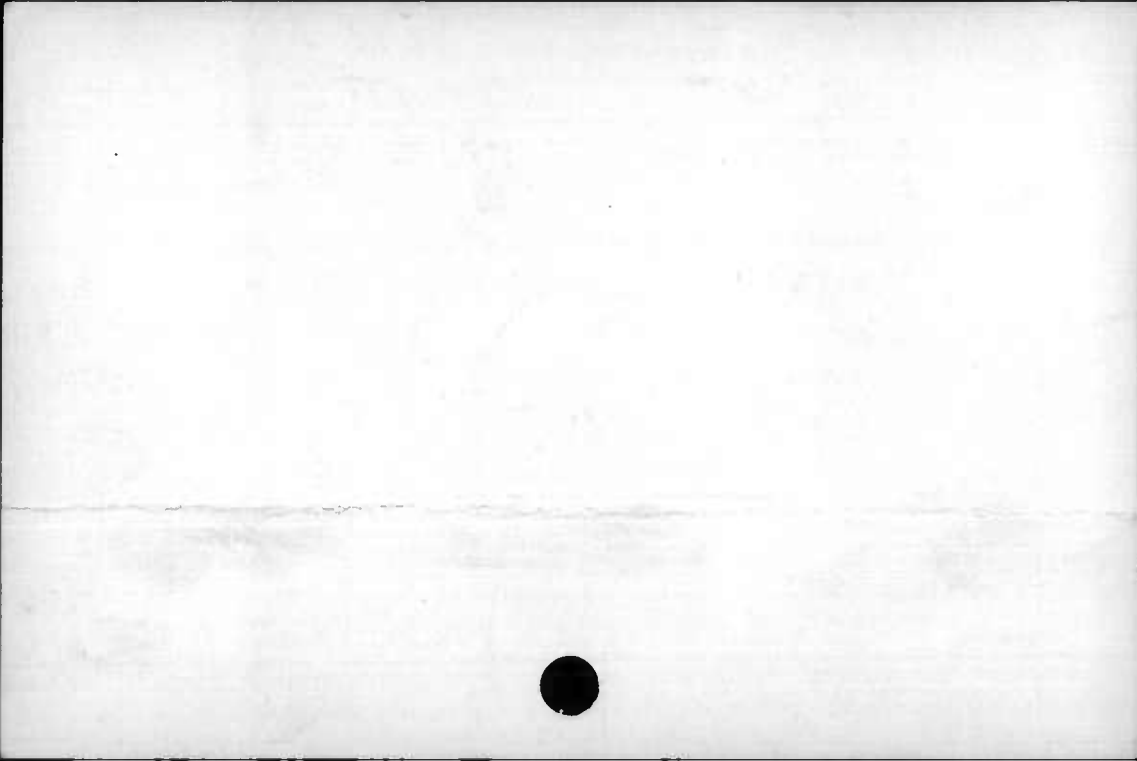
Died ^{near} <u>Hancock Co.</u> Town <u>Washington</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb.</u>	Day <u>1</u>	Age <u>23</u> Years <u>10</u> Months <u>29</u> Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Hancock Co Md</u>	
Occupation <u>None (Invalid)</u>	Where Residing if not at place of death <u>Died at home</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband _____		
Father's Name <u>William L. Murray</u>	Father's Birthplace <u>Wash Co Md</u>		
Mother's Maiden Name <u>Johanna Mulcahy</u>	Mother's Birthplace <u>Newfoundland</u>		
Name of person giving information <u>William L. Murray</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary <u>Oranitis, Appendicitis, paralysis, Hysterical</u>	How long <u>15 years</u>
Immediate <u>Diabetes Insipidus</u>	How long <u>1 year</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. C. Tabler</u>
	Address <u>Hancock, Md.</u>
Accident or Suicide? <u>X</u>	



Name
in
Full

Mary Catharine Neuse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

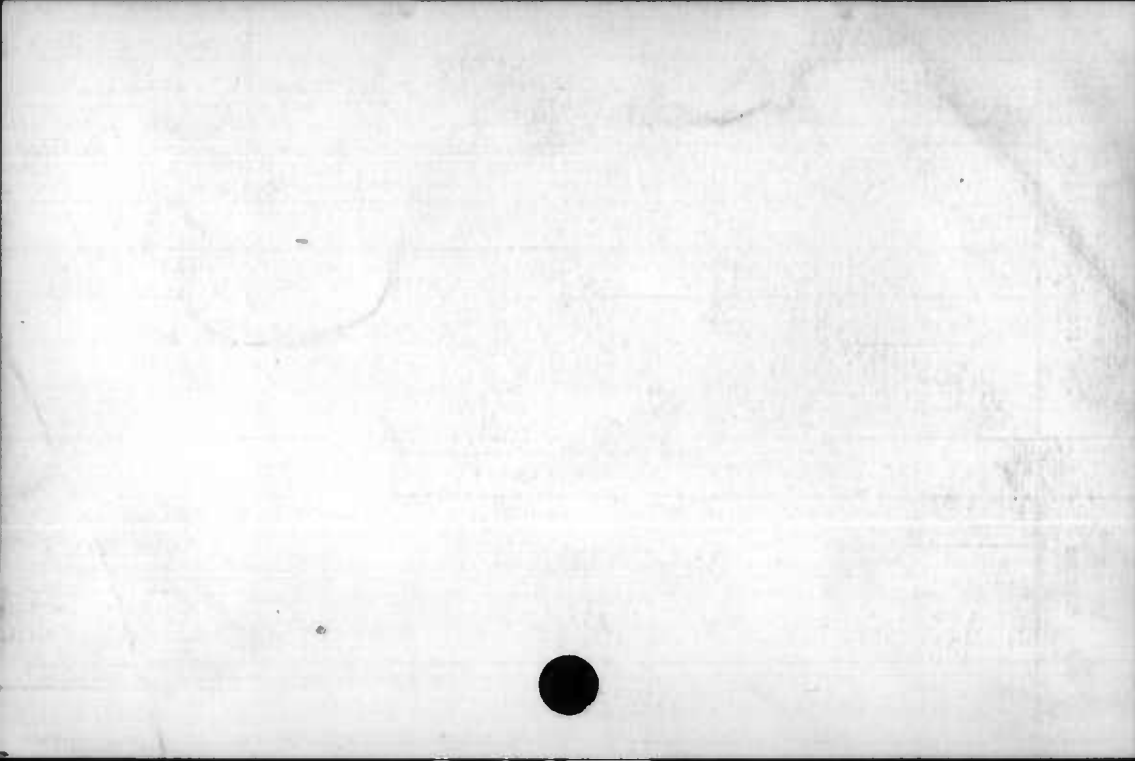
Died at		Town Bellevue		County Washington		MARYLAND	
Date of death		1908	Month Feb	Day 2	Age 48	Years 3	Months 17
Sex Female		Color or Race White		Birth-place Fair View Md			
Occupation Housekeeper				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Daniel Neuse					
Father's Name George Cook		Father's Birthplace Fairview Md					
Mother's Maiden Name Mary Jane Ruthraff		Mother's Birthplace Welch Run					
Name of person giving information Mary Jane Ruthraff		How related to deceased Mother					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	2 yrs
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician M B Morrison	
Yes		Address Fagerstown Md.	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Amie E Nicodumms*

Died at *Keadysville Md* **Town** *Washington* **County**

Date of death *1908* **Month** *2* **Day** *29* **Age** *25* **Years** *4* **Months** *19* **Days**

Sex *Female* **Color or Race** *White* **Birth-place** *Ford Co*

Occupation *House Wife* **Where Residing if not at place of death** *Keadysville*

Married, Single or Widowed *Married* **Name of Wife or Husband** *Chayne & Nicodumms*

Father's Name *Daniel Runder* **Father's Birthplace** *Ford Co*

Mother's Maiden Name *Susan Brachley* **Mother's Birthplace** *Ford Co*

Name of person giving information *Chayne & Nicodumms* **How related to deceased** *Husband*

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary *Euter Colitis* **How long** *5 days*

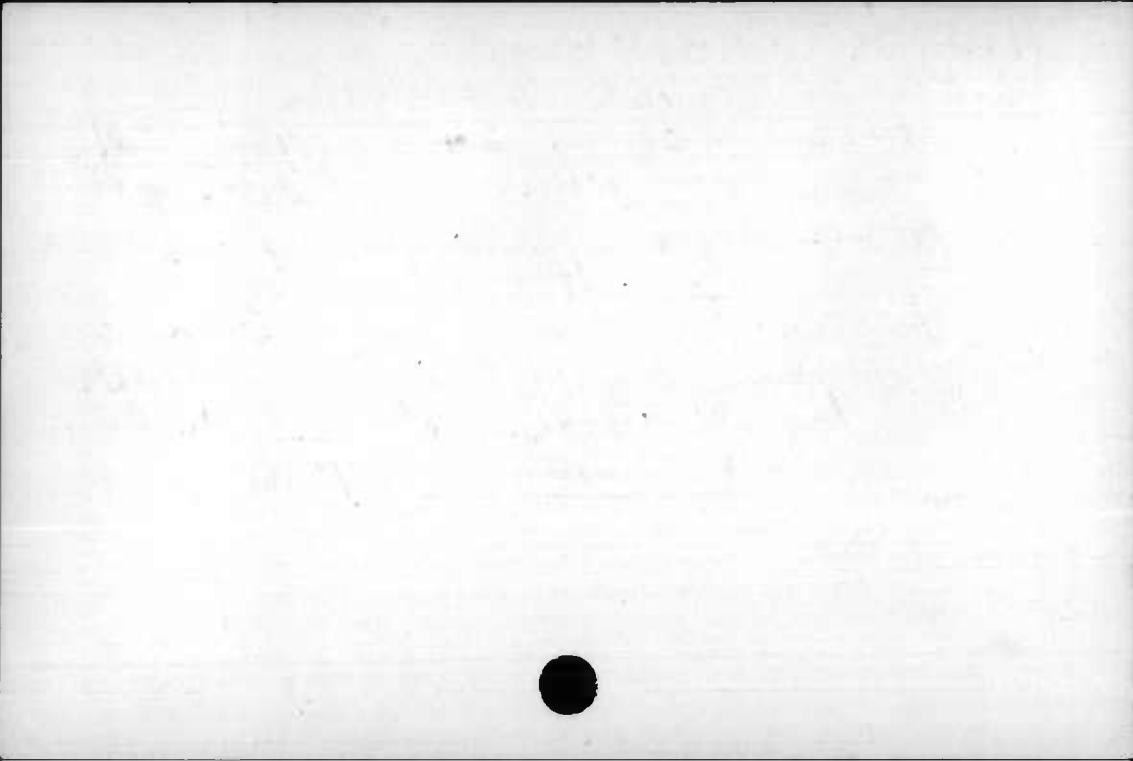
Immediate *Peritonitis* **How long** *9 " 4*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. H. Kihiser*

Address *Keadysville Md*

Accident or Suicide?



Name
in
Full

Catherine E. Nitzell

CERTIFICATE OF DEATH

Died at ^{Town} Williamsport ^{County} Washington

MARYLAND

Date of death 1908 Month 2 Day 26 Age 72 Years Months 10 Days 10

Sex Female Color or Race White Birthplace Williamsport

Occupation House Wife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband John Nitzell

Father's Name George Albert Father's Birthplace Hagerstown

Mother's Maiden Name Mary Herr. Mother's Birthplace Williamsport

Name of person giving information Eva. Gruber How related to deceased Daughter

CAUSES OF DEATH

67

Primary Arterio-sclerosis How long 3 yrs.

Immediate Paresis How long 7 months

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician Ernest H. Hawkes.

Address Williamsport Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

David Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

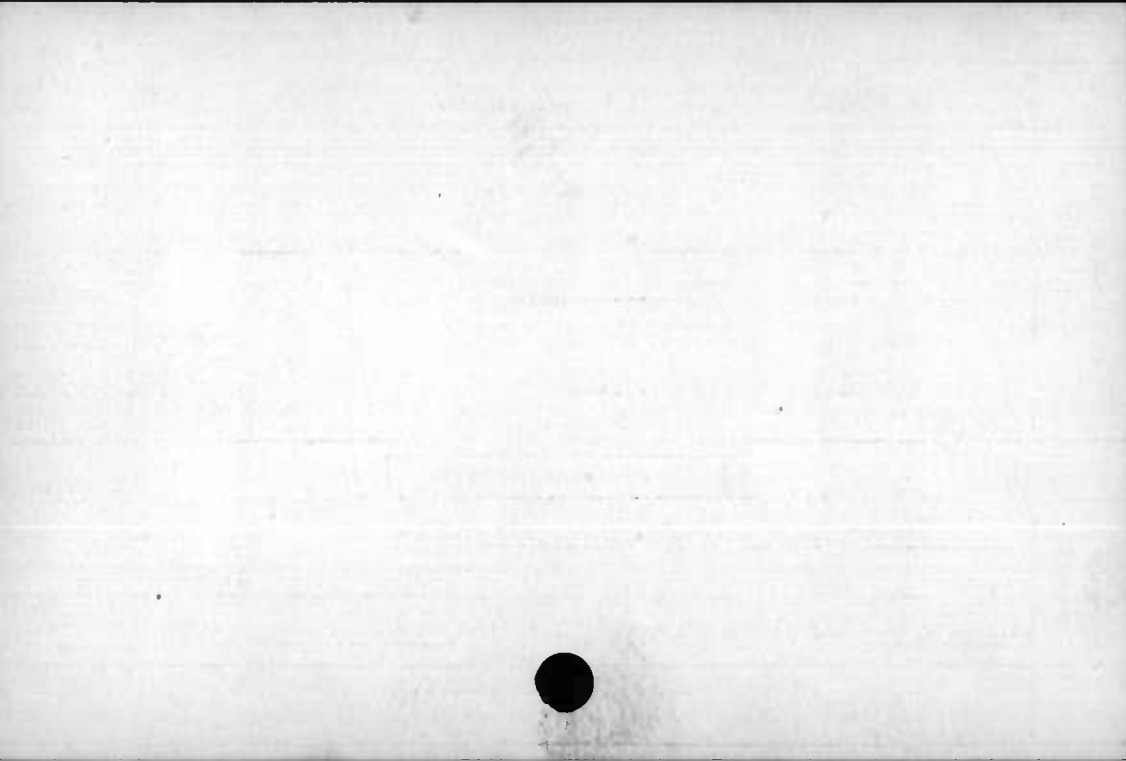
Died at		Town		County		MARYLAND	
Date of death	1909	Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Paul Edgar Reeder

MARYLAND

Died at *Huyett* ^{Town} *Washington* ^{County}
Date of death *1908* ^{Month} *2* ^{Day} *6* ^{Age} *1* ^{Years} *1* ^{Months} *3* ^{Days}
Sex *Male* Color or Race *White* Birth-place *Md*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *Jack Reeder*Father's Birthplace *Md*Mother's Maiden Name *Nellie Loangucker*Mother's Birthplace *Md*Name of person giving information *Jack Reeder*How related to deceased *Father*

CAUSES OF DEATH

93

Primary *Cardiac Cirrhosis*How long *50 days*Immediate *Cardiac Failure*How long *1 day*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

*Dr. W. W. W. W. W.**Washington, Md*

Accident or Suicide?

No

Edmund
Booster

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

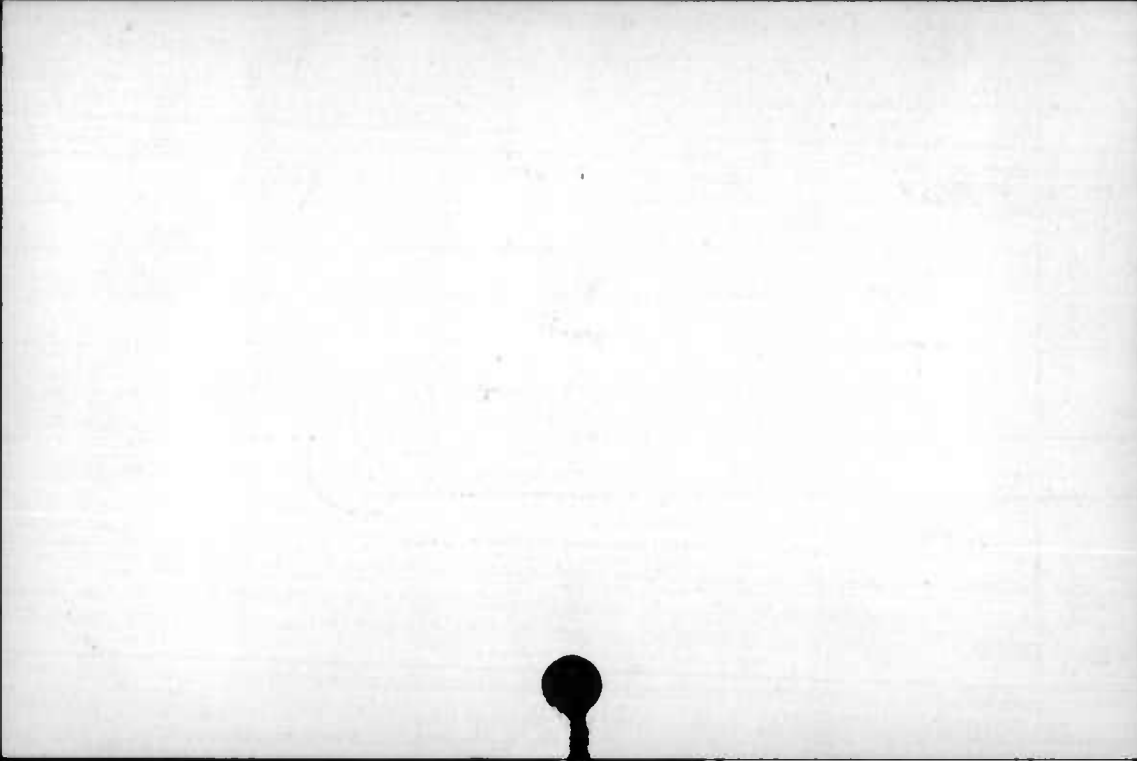
Died at <i>Sharpsburg</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	1908	Month	2	Day	13
Age	75 86	Years	86	Months	2
Sex	Male	Color or Race	White	Birth-place	Virginia
Occupation	Retired Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband <i>Olivia Remsburg</i>			
Father's Name	<i>Henry Remsburg</i>		Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name	<i>Catherine C. Remsburg</i>		Mother's Birthplace <i>Virginia</i>		
Name of person giving information	<i>Laura Remsburg</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>General Debility & Paralysis</i>	How long	<i>about 7 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>C. H. Crookman</i>	
		Address	
		<i>Sharpsburg Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Virginia Robinson* Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown*

Date of death *1908* Month *2* Day *9* Age *—* Years *—* Months *—* Days *14*

Sex *Female* Color or Race *Colored* Birth-place *md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *William Robinson* Father's Birthplace *va*

Mother's Maiden Name *Katie Williams* Mother's Birthplace *md*

Name of person giving information *Katie Robinson* How related to deceased *Mother*

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary *meningitis* How long *1 wk*

Immediate *convulsions* How long *12 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. B. Wilson M.D.*

Address *302 - Hagerstown St.
Hagerstown Md.*

Accident or Suicide? *no*

Officer
Hawley

Name
in
Full

Catharine Stclair

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Broad fording</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Month} <i>Feb</i> ^{Day} <i>2</i>	Age	<i>59</i> ^{Years}	Months	<i>5</i> ^{Days} <i>23</i>
Sex	<i>♀</i>	Color or Race	<i>W</i>	Birth-place	<i>Washington Co Md.</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Broad fording</i>		
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband <i>Robert Stclair</i>		
Father's Name	<i>Henry Shank</i>		Father's Birthplace <i>York Co Pa</i>		
Mother's Maiden Name	<i>don't know</i>		Mother's Birthplace <i>Pa</i>		
Name of person giving information	<i>Robert Stclair</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Chronic Valvular Heart Disease</i>	How long	<i>3 or more yrs</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>2/10</i>		Signature of Physician <i>D. E. R. Miller M.D.</i>	
		Address <i>714 10th & Dicks</i>	
		<i>Pa.</i>	
Accident or Suicide? <i>—</i>			

A. R.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Ellen Scott*

Died at *Sandy Hook* Town *Washington* County *MARYLAND*

Date of death *1908* Month *2* Day *26* Age *59* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Sandy Hook*

Occupation *Housewife* Where Residing if not at place of death _____

Married, Single or Widowed *Widow* Name of ~~Wife~~ or Husband *Henry Scott*

Father's Name *John A. Norris* Father's Birthplace *Md*

Mother's Maiden Name *Elizabeth Grove* Mother's Birthplace *Md*

Name of person giving information *John F. Norris* How related to deceased *Brother*

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary *General Diphtheria* How long *6 months*

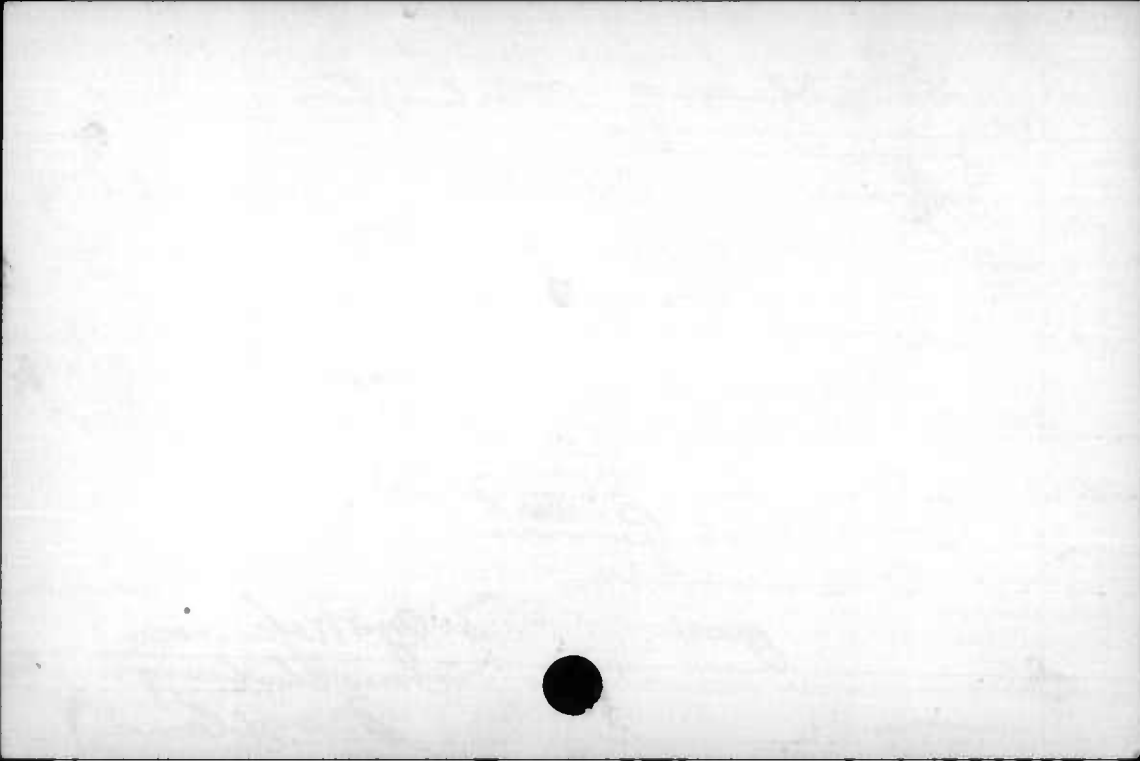
Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. T. Yurter*

Address *Brownsville, Maryland*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

J. Frederick Seruler

Town

County

Died at *Hagerstown*

Washington

MARYLAND

Date of death 1908 Feb

Day 24 Age 78

Month 9

Days 2

Sex *male*

Color or Race *white*

Birth-place *Germany*

Occupation *Stone Mason*

Where Residing if not at place of death

Married, Single or Widowed *widower*

Name of Wife *Fredericka R Seruler*

Father's Name *Not Known*

Father's Birthplace *Germany*

Mother's Maiden Name *" "*

Mother's Birthplace *Germany*

Name of person giving information *Mrs. Wm. Middlecamp*

How related to deceased *daughter*

CAUSES OF DEATH

79

Primary *Paralysis of Heart*

How long 10 minutes

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *S. H. Unrstat*
Address *Hagerstown Md*

Accident or Suicide? *—*

PHYSICIAN
OR CORONER

H



Name

in
Full

Not married (Infant - Frank M. Shirk) CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

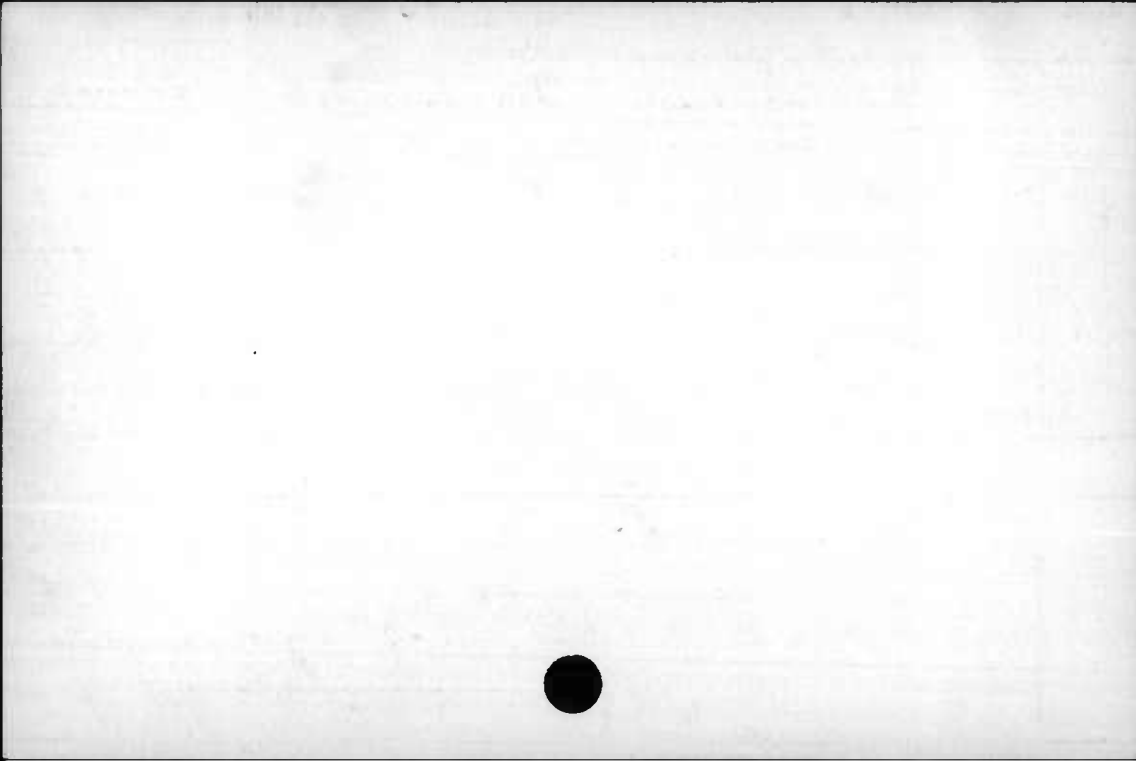
Died at <u>Smithsburg</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	1908	Month	2	Day	5
Age		Years		Months	
Sex	Female	Color or Race	White	Birth-place	Smithsburg
Occupation	None	Where Residing if not at place of death			
<input checked="" type="checkbox"/> Married, Single <input type="checkbox"/> Widowed		Name of Wife or Husband			
Father's Name		Frank M. Shirk		Father's Birthplace	
Mother's Maiden Name		Agnes Jengler		Mother's Birthplace	
Name of person giving information		Frank M. Shirk		How related to deceased	
				Father	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Immature Birth	How long	—
Immediate	Exhaustion	How long	8 Days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Dr. M. S. Kefauver	
		Address	
		Smithsburg	
		Maryland	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

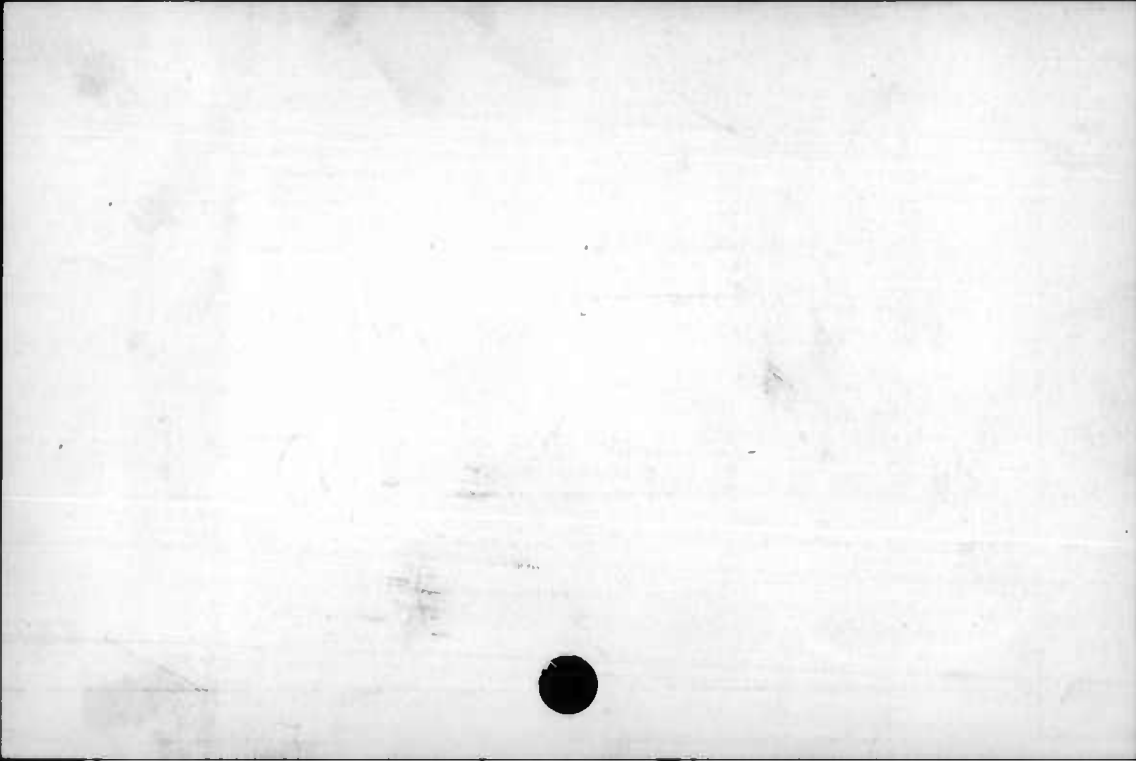
Name in Full <i>Hazel Louise Shirley</i>		Town <i>Leitersburg</i>		County <i>Washington</i>		MARYLAND			
Died at		Date of death 1908		Age 3		Months 3		Days 20	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Washington Co. Md.</i>					
Occupation				Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband					
Father's Name <i>Hunter Thomas Shirley</i>				Father's Birthplace <i>Winchester Va.</i>					
Mother's Maiden Name <i>Katherine Darlington</i>				Mother's Birthplace <i>Gainsboro. Va.</i>					
Name of person giving information <i>Hunter Thomas Shirley</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<i>Spasms</i>	How long	<i>Three hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Wishard</i>	
		Address <i>Leitersburg Md.</i>	
Accident or Suicide?			



Name
in
Full

Fannie Shupp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	1908	Month	2	Day	16
Age		33		Months	—
Sex	Female		Color or Race	White	
Occupation	Domestic		Birth-place	Md	
Where Residing if not at place of death			—		
Married, Single or Widowed	Single		Name of Wife or Husband	—	
Father's Name	Christian Shupp		Father's Birthplace	Md	
Mother's Maiden Name	Mary A Shupp		Mother's Birthplace	Md	
Name of person giving information	Mary Shupp		How related to deceased	Mother	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>3 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>a few days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A. P. Stuffer</i>
		Address	<i>Hagerstown</i>
Accident or Suicide?	<i>No</i>		<i>Md</i>

copy -
Rose Hill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

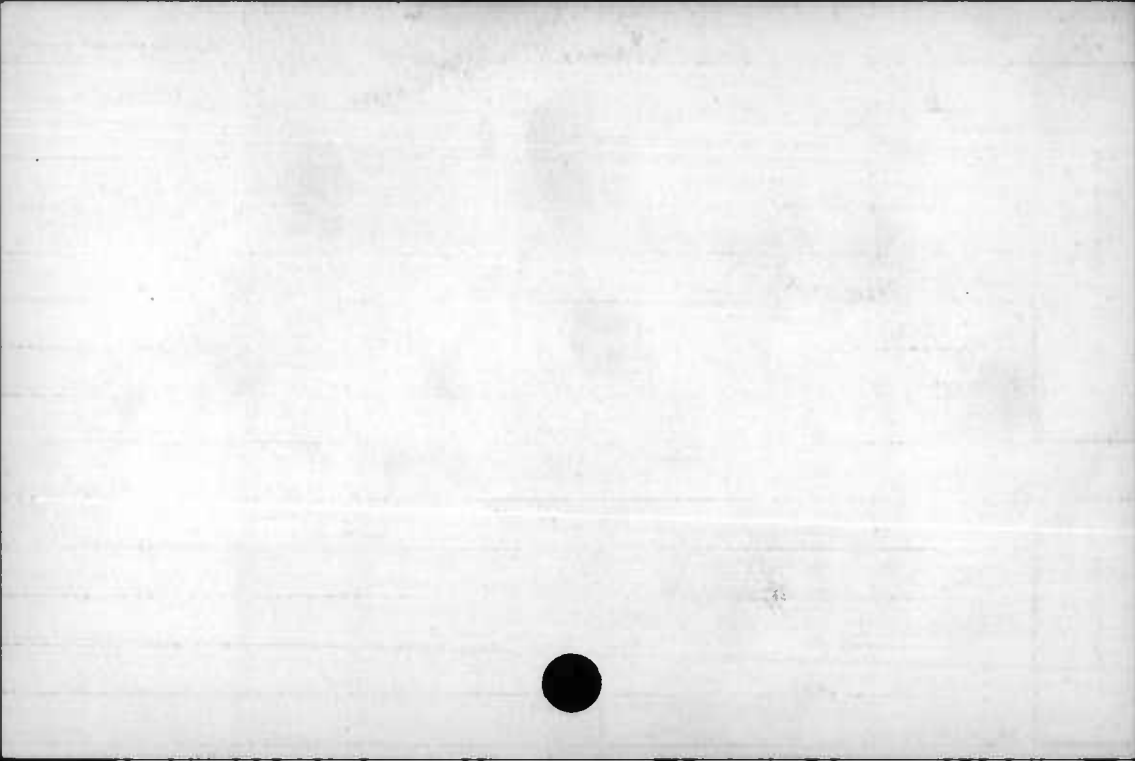
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		2	28		73	10	
Sex	male	Color or Race	white	Birth-place	Md.		
Occupation	Lawyer			Where Residing if not at place of death			
Married, Single or Widowed	married			Name of Wife or Husband			
Mary Smith				Father's Birthplace			
Md.				Mother's Birthplace			
"				How related to deceased			
daughter				Name of person giving information			
Miss Edna Smith							

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Urophilitis	How long	30-4 yrs
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Wm. P. Miller	
		Address	
		Baltimore	
Accident or Suicide?			



Name
in
Full

Solomon Stephey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

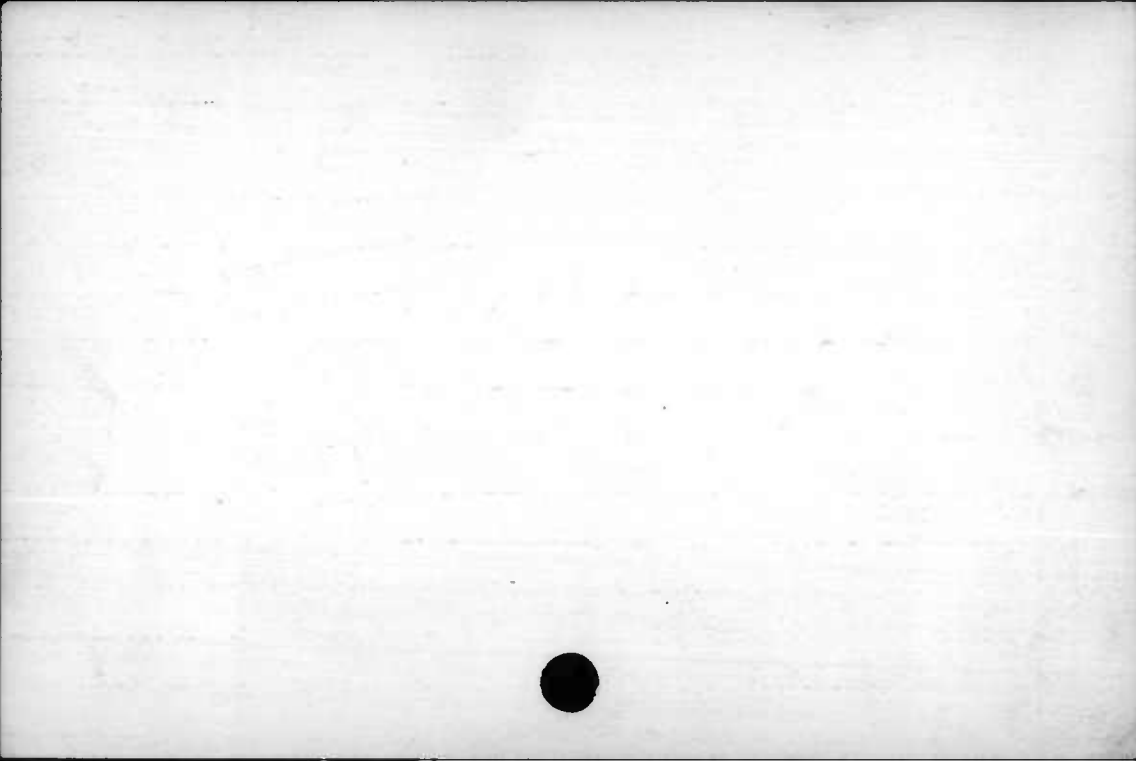
Died at		Town <i>Leitersburg</i>		County <i>Washington</i>		MARYLAND	
Date of death		Month <i>Feb'y</i>	Day <i>21</i>	Years <i>83</i>	Months <i>8</i>	Days <i>7</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Smithsburg, Md.</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Catharine Oler Stephey</i>					
Father's Name <i>John Peter Stephey</i>				Father's Birthplace <i>Smithsburg, Md.</i>			
Mother's Maiden Name <i>Anne Mary Protzman</i>				Mother's Birthplace <i>Smithsburg, Md.</i>			
Name of person giving information <i>Frank J. Stephey</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

146

PHYSICIAN
OR CORONER

Primary	<i>Periostitis of Tibia</i>	How long	<i>Nine years</i>
Immediate	<i>General Debility</i>	How long	<i>Four weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Wiskand</i>	
		Address <i>Leitersburg, Md.</i>	
Accident or Suicide?			



Name
In
Full

Mary Alice Stortzman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

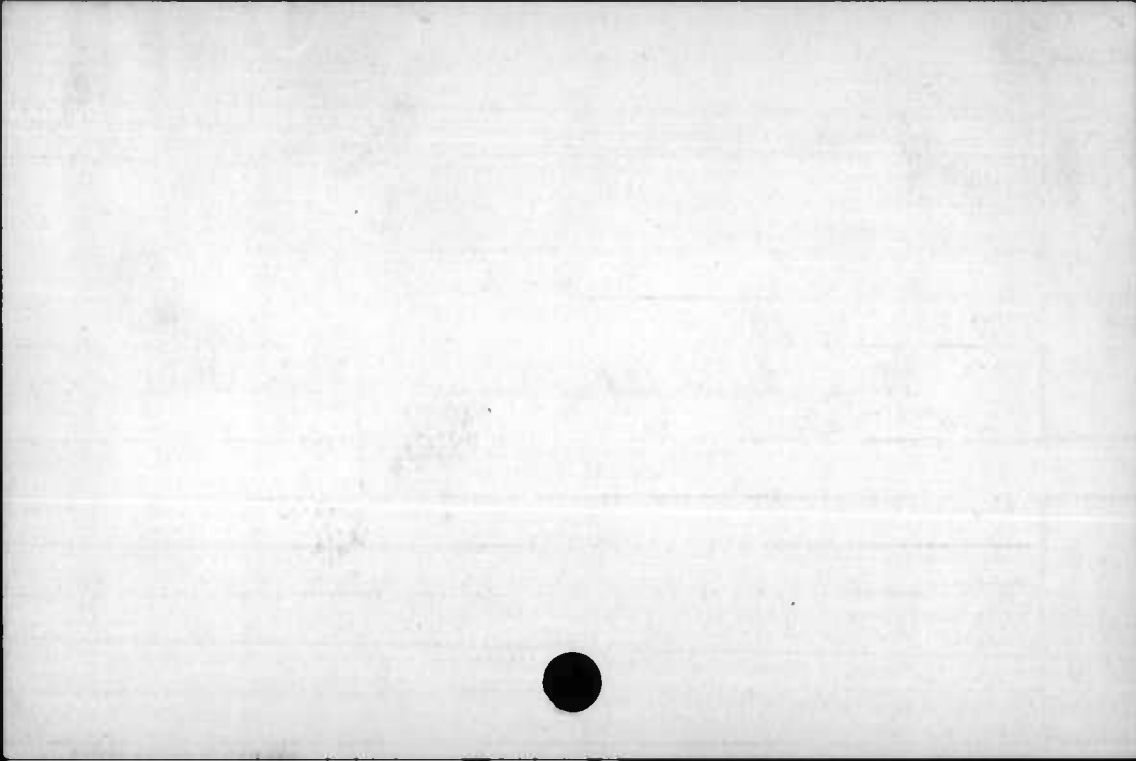
Died at <i>Halfway</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	1908	Month	2	Day	14
Age	51	Years	3	Months	22
Sex	Female	Color or Race	white	Birth-place	Md
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Martin G. Stortzman		
Father's Name	David Beckley		Father's Birthplace	Md	
Mother's Maiden Name	Margrile Watkins		Mother's Birthplace	Md	
Name of person giving information	Martin Stortzman		How related to deceased	Husband	

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>Influenza & Right Lobar Pneumonia</i>	How long	<i>Five days</i>
Immediate	<i>Heart failure</i>	How long	<i>Half hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Daniel A. Watkins</i>
		Address	<i>Hagerstown Md.</i>
Accident or Suicide?			



Name in Full Charles Albert Luman		Towa Hagerstown		County Washington		CERTIFICATE OF DEATH	
Died at Hagerstown		Month 2		Day 3		Years 39	
Date of death 1907		Age 39		Months 8		Days 6	
Sex Male		Color or Race White		Birth-place Md			
Occupation Barber		Where Residing if not at place of death 					
Married, Single or Widowed Married		Name of Wife or Husband Maud Foreman					
Father's Name Albert Luman		Father's Birthplace Md					
Mother's Maiden Name Barbara Hamburg		Mother's Birthplace Md					
Name of person giving information Grace Luman		How related to deceased Bro					
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH				(45)	
PHYSICIAN OR CORONER		Primary Sarcoma Trachea		How long 4 mo.			
		Immediate Tracheal pressure		How long 2 weeks.			
		Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician J. R. Laughlin			
				Address Hagerstown.			
<input checked="" type="checkbox"/> Accident or Suicide?							



Name
in
Full

Mattie N Tyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>17</i>	Age <i>44</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Va</i>		
Occupation <i>Domestic</i>			Where Residing if not at place of death <i>— — —</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Dennis Tyler</i>			
Father's Name <i>Daniel Hamilton</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Maryett Johnston</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information <i>Dennis Tyler</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular Heart Lesion</i>	How long <i>several yrs.</i>
Immediate <i>Coronary Sclerosis</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. P. Scheerer</i>
	Address <i>Hagerstown</i>
Accident or Suicide?	

Handbook
1900-1901

Name
in
Full

William J. Wantz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highfield</i> <small>Town</small>		<i>Washington</i> <small>County Frederick</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>12</i>	Age <i>40</i>	Years <i>6</i>	Months <i>29</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>			
Occupation <i>Postmaster</i>		Where Residing if not at place of death _____			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Libbia Wantz</i>				
Father's Name <i> Aaron B Wantz</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Amanda Starnes</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mrs Libbia Wantz</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Some years</i>
Immediate <i>Exhaustion due to Pulmonary Hemorrhage</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>9</i>	Signature of Physician <i>D. H. Amberson</i>
	Address <i>Waynesboro Pa</i>
Accident or Suicide?	

Robert

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *J. William Widdows* Town *Wagonsville* County *Washington* MARYLAND

Died at *Wagonsville*

Date of death 1908 *21* Month *7* Day *34* Years *34* Months *—* Days *—*

Sex *male* Color or Race *white* Birth-place *md.*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife *J. May Widdows*

Father's Name *George J. Widdows* Father's Birthplace *md.*

Mother's Maiden Name *Margaret Loudenslager* Mother's Birthplace *"*

Name of person giving information *G. J. Widdows* How related to deceased *father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *several years*

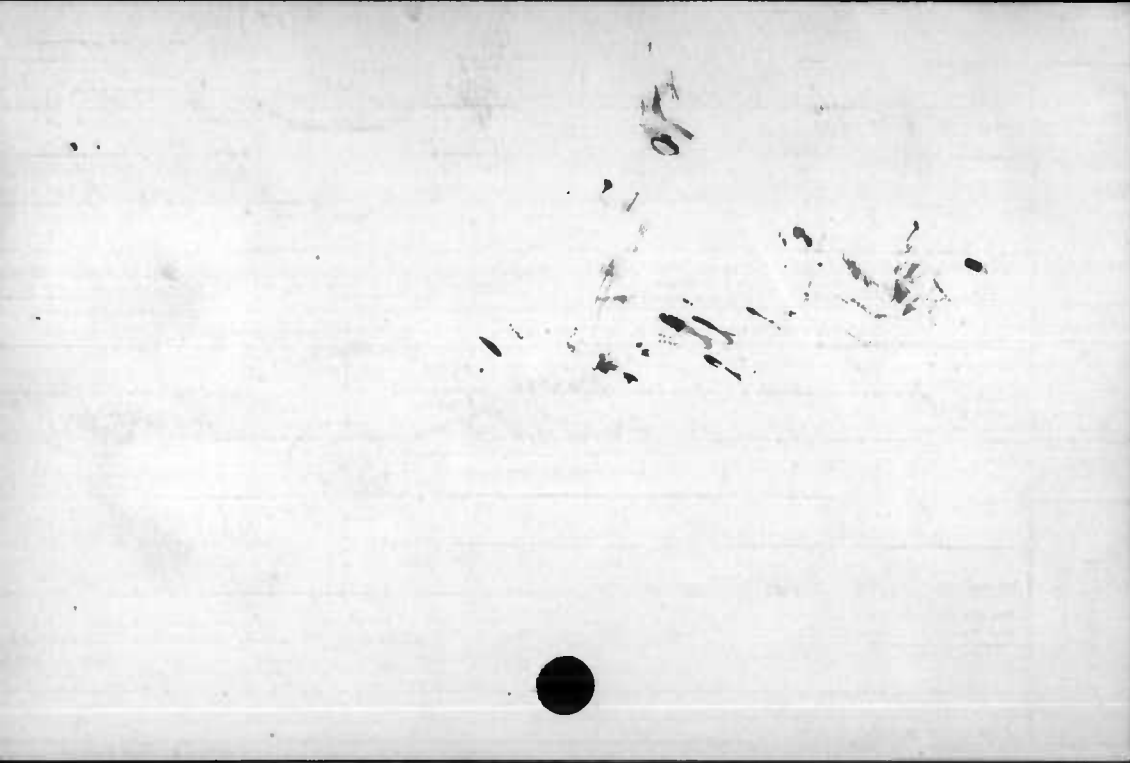
Immediate *hemorrhage* How long *immediate*

Are the name, age, sex, color, date and place correctly given above? *✓*

Signature of Physician *W. P. Schellor*

Address *—*

Accident or Suicide? *—*



Name in Full		Carl Wilson				CERTIFICATE OF DEATH								
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Hayestown</u> <small>Town</small>		<u>Worthington</u> <small>County</small>		MARYLAND								
		Date of death	1908	Month	2	Day	26	Age	7	Years	Months	11	Days	—
		Sex	Male		Color or Race	Colored		Birth-place	md					
		Occupation	—			Where Residing if not at place of death				—				
		Married, Single or Widowed	Single		Name of Wife or Husband		—							
PHYSICIAN OR CORONER		Father's Name				Carl Wilson		Father's Birthplace		md				
		Mother's Maiden Name				Kellie Brown		Mother's Birthplace		md				
		Name of person giving information				Theodore Brown		How related to deceased		A Father				
CAUSES OF DEATH								(27)						
H		Primary				Tuberculosis?		How long		30 days				
		Immediate				relativity		How long		20 days				
		Are the name, age, sex, color, date and place correctly given above?				yes		Signature of Physician		A. B. Wilson M.D.				
								Address		302 N. Jordaniana				
		Accident or Suicide?				no								

607-1111
trafway

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

not named (Infant) - Wolf

Died at *Carverton* TownCounty *Washington*

MARYLAND

Date
of death *1908*Month
*2*Day
*6*Age *Years*

Months

Days

*21*Sex *Female*Color or
Race*white*Birth-
place*Carverton*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Arthur Wolf*Father's
Birthplace*Frederick Co.*Mother's
Maiden Name*Ethel Jones*Mother's
Birthplace*"*Name of person giving
In formation*Jas. Payne*How related
to deceased*step-father*

CAUSES OF DEATH

*8*PHYSICIAN
OR CORONER

Primary

Whooping Cough

How long

week

Immediate

Congestive Lungs.

How long

*24 hrs.*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*J. L. Messie, M.D.
Smithsburg
Md.*

Accident or Suicide?

